

CHEMIST & DRUGGIST

the newsweekly for pharmacy

July 16, 1988



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**Council to
consider
glasnost?**

**Draft outlines
clinical key to
hospital future**

**Tanna survey:
your views on
supervision**

**Chemex '88
news in focus**

**AGB — how the
cake divides**

**Lloyds takeover
puts chemist
chain at 244**

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COMMENT

For a pharmacist wishing to open in a rural area the RDC procedure, including the inevitable appeal, takes on average eight months. This is then followed by a PPSC hearing taking some six months. With pharmacists being forced to look more to "rural areas" as the number of "necessary or desirable" urban locations dries up, this is an unacceptably lengthy series of bureaucratic hurdles.

Is it time then, to overhaul the Clothier Regulations? Last month's LPC conference thought so, and it seems PSNC thinks likewise. But it would be wrong to do away with the basic Clothier framework: better to modify it in the light of experience. As both doctors and pharmacists have become familiar with the ground rules there have developed some straightforward abuses. Add to that the additional bureaucratic burden imposed on pharmacists under the new contract and the rules clearly need changing to allow both pharmacist and GP to operate on equal terms within the system.

The appeals procedure is being abused by both sides. Virtually every decision by a dispensing subcommittee is now challenged. Often this is simply because the rules state

that compensation can only be paid with a change in dispensing pursuant to decision by the RDC. On other occasions an appeal may be a delaying tactic. For a GP, who can open a dispensing surgery anywhere in his patch once outline consent is given, this is a nuisance, but for a pharmacist hanging on to premises any delay is serious.

The five year rule, which effectively closes an area to change for that period once an application from a pharmacist or doctor has been received, is also being abused. Applications to transfer small numbers of patients — often newly moved into the area — from prescribing to dispensing lists are being used to "sterilise" whole areas. Warwickshire, Northamptonshire and Oxfordshire have virtually become pharmacy exclusion zones from this insidious practice. Pharmacists can offer communities in such areas a valuable service, complementing that of a GP, and they should be given the chance to prove it. Experience with the new contract has shown it takes considerable time and effort to effect any change in the corridors of power. But in the wake of the LPC's decision, now would seem to be a good time to start.

Clinical pharmacy the way forward for the hospital service

Better patient care and financial savings through more cost-effective use of medicines is to be achieved by the better use of hospital pharmacy expertise.

Those are the policy aims for the hospital pharmacists of the future, according to a draft DHSS circular obtained by *C&D* this week.

The draft circular — "The way forward for hospital pharmaceutical services" — which takes into account the recommendations of the Nuffield Report, asks health authorities to further the cost-effective use of medicines by implementing a clinical pharmacy service.

The circular sets out the objectives of the service in the future as the preparation and assembly of medicines to the required quality; the economical and efficient procurement and supply, and safe and secure storage and distribution of medicines; and the safe, effective and economic use of medicines.

It suggests the first two of these should already be met by developed systems. Routine review of prescriptions for dosage appropriateness, reactions and interactions, prompt drug information services, specific assembly of products for individual patients, and systems to encourage the rational and economic use of medicines should already be in place, but, the circular says, "there is scope for further development through the implementation of clinical pharmacy and formulary management systems by all health authorities".

The DHSS defines clinical pharmacy as "the systematic application of pharmaceutical skills to medicine usage at both the policy making level and in the treatment of individual patients".

It can benefit the patients at all stages of drug therapy, the DHSS says in the draft circular. Medication histories at the time of admission can highlight possible adverse reactions or interactions, pharmacists can advise clinicians on product and dose on prescribing, they can help monitor and modify drug therapy, counsel patients prior to discharge and can

enhance the success and safety of clinical trials, the document says.

It also recognises that the supply and administration of medicines to priority care groups in the community is often fragmented and it says that hazards to patients can be reduced if health authorities employ a pharmacist in a co-ordinating role and to advise on safe practices.

"The maximum cost benefit can only be achieved through careful integration of all hospital pharmacy functions described. Where this approach is applied vigorously, substantial savings in the drug bill can be achieved," the circular says.

It also follows the Nuffield line of making better use of pharmacist time by delegating appropriate tasks to other pharmacy staff, and it suggests out-patient dispensing may be a candidate for "contracting out" via

FP10(HP)s.

The DHSS is to encourage health authorities to ensure training is provided for sufficient pre-registration graduates to maintain an adequate stock of hospital pharmacists, while RHAs should consider establishing academic practice units jointly with schools of pharmacy.

Organisation is left to general managers, but the DHSS does suggest that some specialities — like manufacture and quality control — may best be provided on a multi-district or regional basis.

No direct mention is made of the pay of hospital pharmacists, or the present staffing problems, but the circular does say that implementation of formulary systems as part of the development of clinical pharmacy will produce "an overall saving" to the NHS.

Barnet start exchanging

Barnet community pharmacists have started a needle and syringe exchange scheme for drug misusers.

The NW Thames Regional Health Authority granted Barnet Health Authority £5,000 to spend on HIV initiatives. Drug misusers may buy for £1 a pack of five syringes and needles, two condoms, Mediswabs, health education material and a mini Sharpsafe container. The pharmacist notes the sex and approximate age of the buyer on a monitoring form and emphasises the need for safe return and disposal of the used equipment. The pharmacy is provided with a large Sharpsafe bin and a monthly collection service by a private contractor, negotiated by Barnet Family Practitioner Committee.

Each of the ten participating pharmacies receives a retainer fee of £150 paid in two instalments at the beginning and end of the one year period. All pharmacists in Barnet FPC were invited to participate, to agree on the ten.

The scheme, which took 12 months to plan, was devised by a working group of Barnet Drug Concern and the local Pharmaceutical Committee, in liaison with the district medical and pharmaceutical officers and the mental health unit. The working group will monitor the scheme over the next year.

No sign yet of money for new roles

Further indications from Whitehall suggest that pharmacy will be kept waiting for several more months before the Government puts forward proposals on extra payments for new roles.

Health Minister Tony Newton, told Mr David Harris (Con) in the Commons on

Tuesday that the Government would require FPCs to play an enhanced role in the management of the family practitioner services, with the aim of securing continuing improvements in their quality and cost-effectiveness, with greater accountability from those providing such services.



Editor John Skelton introduces the speakers at the seventh *C&D* training seminar (p119) held last week in Croydon. The seminar, on laxatives, was co-sponsored by Reckitt & Colman, with papers presented by Dr Ian Jones of Bradford University (right) and Dr Peter Whorwell of the University Hospital of South Manchester (left)

Supervision: your views

C&D readers have given decisive backing to the motion on supervision passed at the Society's AGM, which favoured a pharmacist check at the script hand-out stage.

As *C&D* closed for press this week, 515 respondents to Ashwin Tanna's personal survey backed the motion, while only 72 opposed it, and came out in support of Council's proposals to change the way supervision should be carried out.

A more detailed analysis of forms has revealed greater majority for the motion than was reported last week. A number of pharmacists had voted "disagree" but their additional comments made it clear they disagreed with Council, rather than the AGM motion.

C&D prints below a selection of comments received from the pharmacists voting in Mr Tanna's survey on the issue.

£450 'forgery' fine

A pharmacist has been fined £450 for unwittingly accepting forged prescriptions. Duped shop owner Kiritkumar Patel dispensed Controlled Drugs including Diconal and dexamphetamine unaware that the Harley Street doctors named on the prescriptions were fictitious.

Ordering Mr Patel to pay the fine plus £500 costs, Judge Fordham at Inner London Crown Court rebuked him for negligence: "A great deal of Controlled Drugs get onto the streets through chemists. Pharmacists are expected to put a stop to this by making proper inquiries into the validity of the prescriptions they receive. But it is clear that you didn't make anything like the proper inquiries required."

Judge Fordham commented on the 1986 House of Lords ruling which placed ultimate responsibility for receipt of forged prescriptions squarely on the shoulders of pharmacists and added: "It is now up to the courts to tell you and other pharmacists that you must take more care when receiving prescriptions."

Mr Malcolm Fortune, prosecuting, stressed that Mr Patel didn't know he was dispensing drugs on forged prescriptions until he was told so by the police. It was only when officers called round to his pharmacy on Westow Hill, Upper Norwood, and showed him some of the bogus forms that "he realised he must be in trouble,"

said Mr Fortune.

The Court heard that after conviction, Mr Patel will also have to appear before the Statutory Committee of the Royal Pharmaceutical Society where he is likely to be disciplined.

Mr Jonathon Fisher, defending, agreed that he was "stupid" to be so careless, but that "he believed he was dispensing valid prescriptions". Mr Fisher added: "In this case the pharmacist has become the victim of a reprehensible and sophisticated trick."

Mr Patel, of Beckenham, Kent, who qualified in 1975, pleaded guilty to six charges of dispensing medicines on fictitious prescriptions contrary to Article 3(1)B of the Medicines Act.

Ability important, sex not, Astill tells Moore

National Pharmaceutical Association director Tim Astill has asked Social Services Secretary John Moore to review policy requiring family practitioner committees to discriminate positively in favour of women members. (C&D last week p50).

In a letter to Mr Moore this week, Mr Astill says the NPA believes sex discrimination is wrong. "Men and women are equally able to fill posts involving participation in decisions of policy, management and finance."

Mr Astill says the practical effects of the Government's policy is that in at least two cases, LPC nominee positions on FPCs have been left vacant for up to a

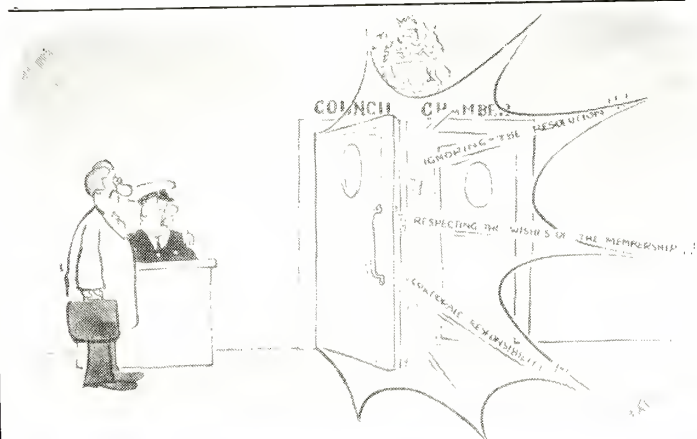
year. "It is not surprising that the nominees have been men rather than women," says Mr Astill. "The vast majority of pharmacy contractors are men."

Mr Astill points out that the NPA Board pays no regard to the sex of applicants, and in recent times has appointed more women than men to managerial positions. "Ability and willingness to do the job are important: sex is not."

Cooler sell for vitamins

The Advertising Standards Authority has upheld a complaint by a member of the public that a recent national Press advertisement for Tandem IQ, gave the impression that its use would increase the intelligence of children.

The complainant questioned whether the claim in this advertisement, which was headlined: "Teacher Tested! The only vitamins used in the famous school trial as seen on TV," was supported by the evidence of the test. The Authority took the view that the study could not allow the interpretation that random supplementation would be of benefit to all children.



"Bit noisy? Well, you see, Mr Tanna's just gone in."

For the motion

"A less firm stance on supervision is an opportunity for exploitation by some less ethical among us"

Steven Ward, Edinburgh

"Any relaxation of supervision must eventually imply that we are superfluous"

Donald Brace, Blackwood, Gwent

"What is our role if we are not responsible for accuracy in dispensing?"

P.S. Nightingale, Worksop

"How can the public be encouraged to 'Ask their pharmacist' if he isn't in the shop?"

M.D. Seaton, Stoke-on-Trent

"Government is aware that technicians come cheaper than pharmacists"

J. Whistler, Hull

"100 per cent vigilance must be the rule"

M.I. Moser, London NW1

"Our accuracy, and hence patient safety are paramount"

Alan Francis, Lowestoft

"Council policy would be the end of pharmacy"

W.G. Chatham, Bournemouth

"The Council appear content to

give away our responsibility... they have lit the fuse of self-destruction"

J.N. Stedman, Manningtree

"If the final responsibility does not rest with the pharmacist, who does it rest with?"

T.G. Swanston, Edinburgh

"I do not wish to lose prescriptions to 'licensed dispensers'!"

Keith Harley, Wallsend

"No Government (of any colour) is to be trusted. To throw away supervision for a fistful of promises is suicide"

G.W. Spray, Yelverton

"Any supervision process that omits a final inspection is inadequate; if inadequate it is no better than no check at all, and if that is acceptable, it is a very short step to recognition that the pharmacist is superfluous"

R.B.A. Johns, Birmingham B25

Against the motion

"The future professional safely delegates activity — still retaining overall pharmaceutical responsibility. Tanna is wrong"

D.R. Gough, Liverpool L25

"We will never achieve the professional stature of medics until we accept personal responsibility, not that centrally imposed"

G. Back, Hythe, Hants

"I fully support Council's decision, as now explained"

J.S. Urwin, Seaton, Cumbria

For Ashwin

"Thank you for taking a stand on this most important issue"

Mrs A.G. Hodgkinson, Leamington Spa

"I most emphatically approve of your stance on this issue"

Catherine Sawers, Glasgow

"It's good to have a Council member who will stand up and be counted. More power to your elbow"

Miss A. Widdowson, Sheffield

Against Council

"Full marks to the three who voted against the Council recommendation"

S. Benghat, London N17

"This should be a subject for a full referendum"

D.S. Plumb, Bishop's Waltham

"Please remind me of the 19 names I should not vote for at re-election time"

William Small, Isle of Wight

"This situation is beginning to resemble a vote of 'no confidence' in Council"

D.P. Bryant, Poole

"We are led by fools"

D.J. Liston, Yardley B33

"Once again I wonder what Council members do for a living?"

P. Henderson, Cowley

On the plus side

"Exempt any non-medicated dressings"

Mary Adams, Stoke-on-Trent

"I would like to be able to allow bagged and checked prescriptions to be given out in my absence"

K.W. Schofield, Swindon

"Any development of the pharmacist's role outside the dispensary should be encouraged by facilitating the employment of 'second pharmacists'"

S.J. Evans, Leicester

Council to consider policy of 'glasnost'

The Royal Pharmaceutical Society's Council is to consider revising the way its proceedings are reported so as to provide the membership with more information.

Council's working party on membership public relations will be reconvened to consider the matter.

Mr A. Nathan proposed at this month's meeting: "That the convention of public and private business and the reporting of Council proceedings be revised in order to provide the membership with the maximum amount of information possible, but without prejudice to those matters which it is in the interests of the profession to keep confidential".

Mr Nathan said his proposal was an extension of the working party's recommendations regarding membership public relations. Although Council had not yet made its decision on these recommendations, it was aware of proposals made because of the lack of communication between Council and membership. He wanted to extend those proposals to make the Council proceedings more accessible and more open.

He said that the point had been raised in both the *PJ* and *C&D*, the former questioning the need for secrecy at Council meetings and the latter referring to the concealment of debate from membership.

Mr Nathan also felt open reporting should be extended. He saw no reason why only the Education Committee and Organisation Committee minutes should be dealt with in public session. The entire Council meeting should be public business, save perhaps for the Law Committee and Ethics Committee, which dealt with infringements, or any matter where confidentiality would be in the membership's interest.

In practice, he suggested, there would be very little difference to the Council and the published report would still be edited and selected, but in principle the meeting would be open to the membership.

Mr Nathan noted that the decision on which parts of Council meetings should be reported was a duty of the secretary and registrar. In principle that was wrong, because members could

only form opinions on what they read in the Press report and those opinions could be manipulated by inclusions or omissions. He had no criticism of the present secretary and registrar's discharge of this particular duty, but it was possible to influence policy decisions on that basis. Mr Nathan felt glasnost could be applied, providing openness to the membership. The motion was seconded by Professor G. Booth.

After some discussion on whether to debate the matter immediately or defer it until the working party report had been considered, Professor Booth suggested the working party could be reconvened to provide something Council could "get their teeth into." On reflection, Mr Nathan thought this was possibly the best idea.

Council agreed the membership would best be served, and it would be more constitutional, if the working party first considered the motion. Council also agreed that its consideration of the working party report, not completed at the special meeting on July 4, should be continued at the August Council meeting.

Mandatory continuing education falls

Council rejected a proposal for the introduction of mandatory continuing education for pharmacists. But Council agreed to investigate all aspects of the feasibility of linking evidence of competence, derived from assessment of pharmacy practice, with continued registration or the continued right to practise as a pharmacist.

An interim submission, made by the Council's working party on education and training, included four recommendations: (i) that the Society's long-term objective should be to link evidence of competence, derived from assessment of pharmacy practice, with continued registration or right to practise; (ii) that Council should investigate the feasibility of all aspects in (i); (iii) that, as an essential interim measure, Council should adopt in principle the policy of making participation in a required amount of approved continuing education a requirement of continued

registration or right to practise; (iv) that Council should confirm that there is no impediment to (iii) within EEC legislation, and proceed to obtain the necessary changes in UK legislation.

Council was not prepared, at this stage, to approve formally the long term objective in recommendation (i) but decided to extend its feasibility study to encompass the possibility of linking evidence of competence with a registered pharmacist's continued right to practise. Mr N. Wood then moved recommendations (iii) and (iv). Dr D.H. Maddock wanted recommendation (iii) to be referred back, as he considered the supporting evidence inadequate, but this was not carried.

There were 11 votes for and 11 against recommendation (iii), which was therefore not carried, so recommendation (iv) also fell.

The secretary and registrar said that the working party's efforts would now be based on the view that the Council was not in favour of mandatory participation and would seek to promote increased voluntary participation.

Extension on NAPD returns period? Council is to ask the National Association of Pharmaceutical Distributors to extend to seven days the return period for products bought from wholesalers. The request was to be put to the NAPD by Dr P. Worling on July 6.

Survey of syringe supply. Council is to help the Department of Health in a survey of syringe and needle supply to drug misusers from pharmacies.

Views on CD quantities The Society is to seek the views of the Advisory Council on the Misuse of Drugs, following a suggestion from a consultant psychiatrist that there should be an increase in the quantity of Controlled Drugs available at any one time on form FP10 (HP) (ad).

Smart card trial extended Council has been informed that all pharmacists wishing to take part in the "smart card" trial in Exmouth would now be able to participate. Following representations from the profession, the Department of Health has agreed to extend the trial to other pharmacists and also agreed that pharmacists may keep

the trial equipment supplied.

Generic market study On July 20 Council representatives are to discuss the Government-commissioned study of the generic market with Touche Ross — the consultants who are carrying out the work. Council confirmed that, while the Society would not be advocating generic substitution, if the question were raised then the Council's statement in response to the Greenfield report should be repeated and various methods of implementation explored, emphasising the need for unbiased information on product quality.

Equagesic warnings The Society is to send warning letters to seven medical practitioners who have issued private prescriptions for Equagesic which do not comply with the requirements of the Misuse of Drugs Regulations 1985.

A letter is to be sent to the Medical Defence Union, advising it in general terms of the action the Society is taking over doctors who fail to comply with the necessary legislation. Warning letters will also go to three pharmacists who dispensed the unlawful prescriptions.

Objection to NHS lottery Council has decided to object to the sale of NHS lottery tickets from pharmacies. It was considered that the pharmacy was not an appropriate place for the sale of material associated with gambling, and there appeared to be some financial gain for pharmacists.

Institute of Medicines Monitoring The Society's views on a proposed Institute of Medicines Monitoring, for post-marketing surveillance in the UK, are to be conveyed to the Committee on Safety of Medicines. The Council fully supports the need for post-marketing surveillance but feels such work should preferably be done by a dedicated section in the licensing authority.

Automated diagnostics Council has approved the proposals of a company considering marketing automated diagnostic testing systems to pharmacists. Council agreed that guidelines for the use of such equipment should be produced. The Practice Committee wanted community pharmacists to develop their role in diagnostics.

Bayer take Harris to court

Bayer AG say they have instituted legal proceedings in the High Court against Harris Pharmaceuticals Ltd claiming infringement by Harris of Bayer UK's patent covering nifedipine capsules. Bayer are claiming an injunction and damages or an account of profits and other usual relief.

The company say it is committed to a policy of vigorously defending its intellectual property rights.

'No hospital competition'

The Government says there is no likelihood of community pharmacies facing competition from new businesses opened on hospital premises under the provisions of the Health and Medicines Bill.

During the second reading debate on the Bill, Lord Skelmersdale, Under Secretary for Social Services, pointed out that health authorities are already able to let out premises and that this can include a lease to a pharmacist. But he stressed that any such pharmacist would have to apply for an NHS contract and be subject to usual controls.

He added that under existing legislation health authorities were not permitted, save in exceptional circumstances, to provide directly services arranged by FPCs.

First rise in premises

The number of premises on the Register rose in June by 16 to 11,784, mainly as a result of 15 restorations following payment of fees. This is the first increase this year.

In England there was a net rise of 11 comprising 10 openings, 10 restorations, and nine deletions. In London there was a gain of one premises with two deletions, one opening and two restorations.

Three Scottish pharmacies were restored to the Register while two businesses closed and two opened up. In Wales there was no change with one opening matched by one closure.

TOPICAL REFLECTIONS

by Xrayner

Syringes

"I don't want these!" she said. I overheard the remark from the dispensary bench, looked up and saw a stout young lady with a peevish expression, disdainfully giving back to my assistant a box of 30 Monoject syringes which we were supplying with her insulin. "They're no good. I want ones like I get from the hospital with covers so I can carry them with me." At which point I move into the shop to inquire what exactly she had in mind since I had correctly dispensed what was written and knew of no superior presentation of syringes allowed on NHS.

Her attitude became more respectful, I may add, when I took over. She explained she was a newly diagnosed diabetic and had been told she could get her disposable syringes from the chemist and expected to get the same as she had been given by out-patients. From her bag she produced a syringe complete in a sterile plastic screw top container. It was a Monoject.

Now this really gets up my nose! How is it the hospitals can give out a product with a superior specification, which is presumably supplied on the same cost basis as those we get? I was tempted to ring the hospital to find out, but concluded it would be a waste of my time and my colleagues'.

Cost effective?

As you may have guessed, since we are now going to have monies deducted from our cheques on the assumption we are parallel importing I feel we have no option but to buy, simply to offset the deduction. So I gathered the various documents which, surprise, surprise, have been tumbling through the letterbox for the last month, and sat down to sort out how best to go about it. So far, I'm none too excited about the scale of "savings" possible.



So far as I can see the discounts, which depend on the scale of buying, bring in about 15 per cent on average. However, pack sizes are different, which will mean a lot more work in repackaging for dispensing. When you recall we get quantity discounts from the wholesalers of about 8-10 per cent on qualifying purchases the extra saving is only 6-7 per cent. So to recoup the £50-£80 extra discount being deducted from our payments it looks as though we will have to spend a minimum of £1,000 with a PI wholesaler — in other words, £1,000 less

with our regular wholesalers. A government approval if ever there was one for specific traders. The advantage to us will be ZERO.

In last week's *C&D* was an insert concerning the best prices for generics and PIs at any given time. If you are willing to pay £75 per annum you can buy this market data. My generic supplier already does this, shopping around for the best prices, without paying for his market research. The major snag with this sort of shopping, so far as I'm concerned, is the regular, or irregular changes of source. This brings inevitable problems in products of identical strength, but widely differing appearance. Product liability becomes a question mark. Whose product did we dispense on the 21st of last month?

Milupa

I have nothing but sympathy for Milupa. But what a cock-up over withdrawal! We had one notification by phone from the environmental health officer, telling us only of the Milumil and Aptamil withdrawal. One notification from a wholesaler, and finally, as an insert in *C&D*, a full list of products to be held back together with the news story. With a perfectly understood and operative early warning system, I am at a loss to know why it wasn't used...

"Can I come back to this point about the eventual value of UniChem shares – if the Members vote for the conversion and flotation in 1990, how much would I get?"

"A leading firm of stockbrokers have given an indicative value of at least £84 million for the society – with the planned seven million shares in Members' hands in 1990, that makes each share potentially worth at least £12."*

"So, if I joined this exclusive club, my initial 400 shares cost me £400, and could be worth £4800 or more in 1990. So how do I obtain more shares?"

"We plan to offer FOUR MILLION extra shares to our Members before the vote on conversion is taken in 1990. These extra shares will be allocated pro-rata to all Members spending on average over £7,000 each month."

"What if I joined, then had to leave for some reason before the vote in 1990 – what would happen to my shares?"

"Simple – you would get your money back. If you retire, you should be able to keep your shares for the future. Its like 'heads you win, tails you get your stake back!'"

"... and after flotation?"

"Deciding when to sell your shares will be entirely up to you – the value could go up or down, as with any other share quoted on the Stock Exchange, but you could hang onto them as a longer-term investment and receive regular dividends!"

Join us Today

UniChem

This advertisement has been issued by UniChem Limited ("the Society") in order to promote its scheme for the increase of shareholdings in the Society. It has been approved by Phillips & Drew Securities Limited which provides corporate finance services to the Society. If you are in any doubt about the implications of the Share Scheme you are recommended to obtain the advice of your investment advisers.

Under the Society's rules the shares may not currently be transferred or sold to any third party. The shares will only become transferable if the Society is converted into a Public Limited Company following an appropriate resolution of the Members in General Meeting.

****Full details of the scheme and the basis of valuation are set out in UniChem's updated document "Heralding The Next Era".***

SCRIPT SPECIALS

Primaxin IV — a new antibiotic

Primaxin from MSD is a broad spectrum beta-lactam antibiotic containing imipenem, the first of a new class of antibiotics, the thienamycins. Imipenem is a potent inhibitor of bacterial cell wall synthesis and has extraordinary stability to degradative bacterial beta-lactamases, say MSD, making it active against a high percentage of organisms resistant to other beta-lactam antibiotics.

Primaxin also contains cilastatin sodium, a competitive, reversible, specific inhibitor of dehydropeptidase-1, the renal enzyme which metabolises and inactivates imipenem.

MSD claim Primaxin has a unique bacterial spectrum: against Gram-negative species it shares the spectrum of the newer cephalosporins and aminoglycosides; against Gram-positives it exerts the high bacterial potency previously only associated with narrow spectrum beta-lactam antibiotics and the first generation cephalosporins. And against anaerobes Primaxin is more active than any beta-lactam and equivalent or superior in activity to metronidazole or clindamycin, say MSD.

Manufacturer Merck Sharp & Dohme Ltd, Hoddesdon, Herts EN11 9BU

Description Vials for intravenous infusion containing sterile powders of: 250mg imipenem (as the monohydrate) with 250mg cilastatin (as the sodium salt); and 500mg imipenem with 500mg of cilastatin

Indications Primaxin is a broad spectrum beta-lactam antibiotic and is bactericidal against a wide spectrum of Gram-negative, Gram-positive, aerobic and anaerobic pathogens. (See Data Sheet). Primaxin is not indicated against CNS infections. It is also indicated for prevention of certain post-operative infections in patients undergoing contaminated surgical procedures or where the occurrence of post-operative infection could be serious

Dosage Primaxin should be administered by intravenous infusion — it should not be used intramuscularly. Dosage is determined by the severity of the infection. **Adults** Usual daily dose 1-2g in three or four equally divided doses. This may be increased to 50mg/kg/day (not exceeding 4g daily). Each IV infusion should be given over 20-30 minutes (1,000mg doses over 40-60 mins). **Prophylactic use** 1g should be given IV on induction of anaesthesia and 1g three hours later. For high risk patients two additional 500mg doses can be given after eight and 16 hours.

In patients with renal insufficiency a reduced dose should be given: (see Data Sheet). Primaxin is cleared by haemodialysis and should be given immediately after. Dialysis patients should be carefully monitored and only receive

Primaxin when the benefit outweighs the potential risk of convulsions.

Children three months and older should be dosed at 15mg/kg every six hours. The maximum daily dosage should not exceed 2g. **Contraindications, warnings etc** Hypersensitivity — there have been reports of patients allergic to penicillin experiencing severe hypersensitivity reactions to beta-lactam antibiotics. Use with caution in patients with a history of gastrointestinal disease, particularly colitis. Treatment related diarrhoea should always be considered as a pointer in this diagnosis.

Should not be given in pregnancy. It is not known whether Primaxin is excreted in breast milk. Efficacy and tolerability in children under three months has not been established.

Patients with CNS disorders and/or compromised renal function have shown CNS side effects when recommended dosages based on bodyweight and renal function were exceeded. If focal tremors or convulsions occur the patient should be placed on anticonvulsant therapy. If symptoms continue the dosage should be reduced or Primaxin withdrawn

Side effects Generally well tolerated. Side effects rarely require cessation of treatment and are generally mild and transient. **Pharmaceutical precautions** Dry vials should be stored below 25°C protected from light. Do not freeze. The reconstituted solution retains satisfactory potency for three hours at room temperature

or 24 hours in a refrigerator stored below 4°C (see Data Sheet for suitable diluents). Primaxin is chemically incompatible with lactate

Legal category Prescription only

Packs Single 60ml vial (imipenem 250mg) £9 basic NHS. Single 120ml vial (500mg imipenem) £15 basic NHS

Product Licence 60ml 0025/0228; 120ml 0025/0229.

Ventolin change

Allen & Hanburys have introduced a preservative free formulation of Ventolin Nebules 2.5mg and 5mg. In addition each strip of unit dose nebulisers will be contained in a foil overwrap to optimise stability. New stock will be phased in from next week. **Allen & Hanburys Ltd. Tel: 01-422 4225.**

BRIEFS

Generics (UK) have introduced the first approved name generic co-amalazide (amiloride hydrochloride 5mg/hydrochlorothiazide 50mg). The tablets are yellow and marked "Amizide" with "G" on the reverse and are available in Securitainers of 500 (£39.50 basic NHS). Introductory offers are available from **Kerfoot Pharmaceuticals Ltd. Tel: 061-330 4531.**

'BACK THE DEALER' SUMMER ADS!

Nelsons 1988 campaign continues right through the Summer. Our biggest ever schedule of titles includes:

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HAYFEVER SNEEZES

nelsons
HOMOEOPATHY

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Wimbledon, London
SW19 9UH

COUNTERPOINTS

Rattlin' roll

The First Years are introducing two new lines to their childplay range — Sun and Bear Rattlin Wrist Toys.

The rattles (£2.99 each) attach to the wrist via a hook and Velcro fastener. Distributors: *A.L. Simpkin & Co Ltd*. Tel: 0742 348736.

Now take the rest off!

3M UK's Press campaign for Buf Puf will feature a colour picture of discarded clothes incorporating the copy lines "Now take the rest off", and "Reveal the natural beauty of your skin". *3M UK plc*. Tel: 0344 58407.

Fatale attraction

Coty will be launching a "modern, oriental fragrance" called Fatale in August, said to be "a brilliant harmony of exotic floral notes that warm to a rich, sensuous and lingering perfume".

The top notes include osmanthus and roses. The middle notes are a blend of flowers including jasmine, muguet, tuberose and hyacinth; and the bottom notes are a combination of woody tones.

It will be sold as a 50ml eau de toilette spray (£7.95); a 30ml EDT (special introductory price £3.95); 30ml concentrated parfum de toilette (limited edition £5.95); and a 15ml EDT trial spray (£1.99).

Fatale will also be available as a 75g luxury soap duo (£2.75), a 100g perfumed talc (£2.95) and an

80g silky dusting powder (£5.95). *Beauty International Fragrances*. Tel: 01-847 3611.

Innoxia eyes

Innoxia say they have tried to create a "sense of imperial grandeur entwined with rural artistry" for their Autumn/Winter make-up range.

There are three new eyeshadow duets (£2.75) in bronze/truly peach; sapphire/ivory; and sphinx green/honeysuckle. And jewelfast lipstick (£2.95) and nail enamel (£2.25) in burnt chestnut will also be available. *Innoxia (England) Ltd*. Tel: 0323 641244.

New look Altoids

Smith Kendon Altoids have been repackaged. The present 40g boxes are being replaced by 50g tins (£0.72) in outers of 12.

A new line has been added to the Smith Kendon travel sweet range. Butterscotch Tablets are now available, (£0.85). *A.H. Robins*. Tel: 0293 560161.

Bedtime pals

Unichem are offering members a set of Bedtime Pals hot water bottles, from September (£7.99). They are giving a 10 per cent reduction on any order of 36. *Unichem Ltd*. Tel: 01-391 2323.

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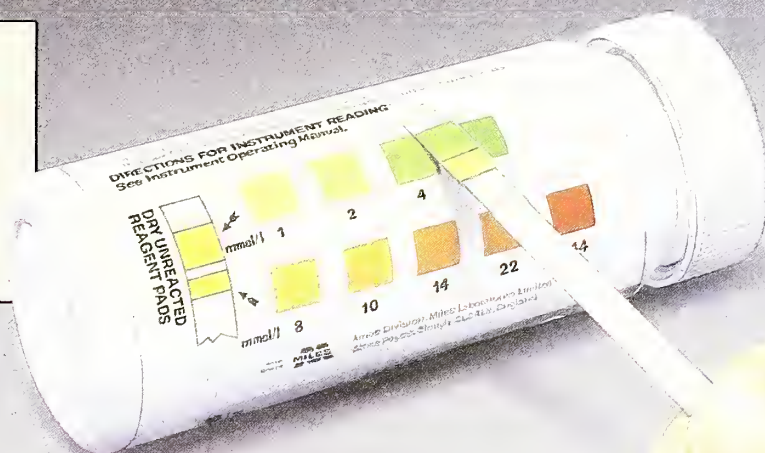
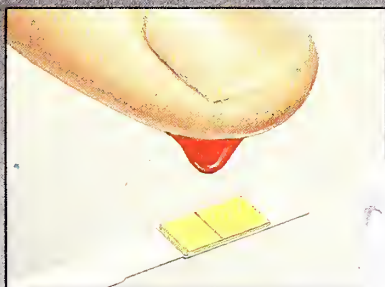
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Food for baby

Robinsons are restructuring their range of baby foods to offer a wider selection of varieties and sizes.

Robinsons say their trial packs have traditionally been popular with the chemist sector, with research revealing that they offer the best return on space. Varieties now featured in small packs include summer fruit salad and creamed rice pudding.

In addition, Robinsons have extended their range of larger packs to include popular weaning varieties such as egg custard and farmhouse bone and vegetable. Distributors: *Counterall Ltd.* Tel: 0992 445995.

Eyluring note

Eylure have taken over the distribution of a range of toiletries designed and manufactured by Colourstage.

These include Beatrix Potter pictorial soaps and ceramic soap dishes and Pictorial Soaps of London. Shades of Pastelcolour co-ordinated ceramics and toiletries; and the Lucinda Grey home fragrance collection. *Eylure Ltd.* Tel: 0633 38611.

Nivea's mousse



Smith and Nephew are launching a new body mousse "to take the brand name out of traditional skincare products into new generation body care."

Nivea's mousse (£1.69) is said to be a "rich but light formulation which is quickly absorbed into the skin for effective moisturising."

The mousse market is a developing one, says Nivea. They

value it at £1.2m for 1987, with a projection of £2m for the coming year. *Smith & Nephew Consumer Products Ltd.* Tel: 021 327 4750.

Senokot

Senokot is now back on national television with a £1.75m campaign.

The first three months of the advertising burst, which runs from July to November, is to coincide with the "traditional time for chronic constipation — the holiday period", say *Reckit & Colman Products Ltd.* Tel: 0482 26151.

Gillette's gel support

Gillette will be supporting their new Shaving Gel range with a nationwide promotion throughout July. The company plans to distribute 500,000 trial size cans (75ml) retailing at £0.69. *Gillette.* Tel: 01-560 1234

Supreme Collection

United Toiletries & Cosmetics are to launch a range of perfumes called the Supreme Collection. Targetted at women between the ages of 15-45, they include Talk of the Town, Show Off, Miami, White Magic, Gulf Flowers, Simply Tuberose and Success.

They are all priced at £4.99 (60ml), and backed by a campaign in the Women's Press. *United Toiletries & Cosmetics.* Tel: 01-670 4433.

Travel tots

For the peak travelling season, The First Years (UK) have produced a counter display stocked with travel items. Details from *A.L. Simpkin & Co Ltd.* Tel: 0742 348736.

Atishoo!

Merrell Dow sponsoring a four times a day pollen count on Beacon Radio. *Merrell Dow Pharmaceuticals Ltd.* Tel: 0784 61600.

Why give your customers eyestrain?



Euthymol's holiday treatment

Warner-Lambert are supporting their Euthymol toothpaste brand with a new Press campaign designed, the company says, to appeal to the brand's "decidedly individual users".

Covering titles like *Woman's Journal*, *Elle*, *Country Living*, *Punch* and *You* and running until October 31, the campaign is based on visual puns connected to famous names, like Henry Moore and Van Gogh.

Advertisements are completed with the copyline "Euthymol, with eucalyptus and thymol. Decidedly individual."

In addition, an on-pack competition offers a first prize of a Poundstretcher American 14-day holiday to California for four, including \$1,000 spending money, a self-drive car and hotel vouchers.

Ten runners up can each win five videos from the 'Hollywood Greats' series. *Warner-Lambert Health Care*. Tel: 0703 619791.

Week-End break

A composite pack of sanitary towels, said to be the ideal quantity for the average monthly cycle, and a "Week End" pack are being introduced by *Kimberley-Clark*.

The soft green pastel composite pack (£1.09) contains 15 size 1 press-on towels and consists of ten towels packed flat and five folded towels. *Brevia*

Week-End (£0.99) is a new set of four resealable pouches, each containing six pant liners packed flat.

They say this product meets a growing demand for discretion and convenience and that folded and wrapped products represent the fastest growing market sector. *Kimberley-Clark Ltd*. Tel: 0622 777000.



Brush with a plus

A spray dispenser is built into the handle of a range of ladies' hairbrushes from *Anne Marie Spritz*.

The company says that the hairbrushes (£2.60-£4.00) which are available in fashion colours in a range of sizes, can be used for hairsprays, mousses, styling lotion, perfume, or water. *Distributors Jones Marketing*. Tel: 01-550 4933.

BRIEFS

Sterling Four's super max razors are now available to chemists in dispenser packs of 20 (£0.65). *Sterling Four Blades Ltd*. Tel: 01-935 2324.

The First Years have provided the two-handed feeding cups in Milupa's herbal drinks offer (*C&D* June 25, p1238). *The First Years (UK) Ltd*. Tel: 0279 730733.

Elancyl MP24 Body Profiling Concentrate will feature in a sample of *Womans Own* magazine (August 6). *Alberto-Culver Co*. Tel: 0256 57222.



More and more people are looking out for Optrex. (Our new TV campaign has seen to that.) Why make it difficult for them when the answer's staring you in the face.



NEW FROM



Singing in the rain!

'Zestril' is a new, effective ACE inhibitor from ICI. It is given once daily, which encourages good patient compliance. The starting dose in hypertension is 2.5mg once daily, and the usual maintenance dose is 10-20mg once daily.

'Zestril' has been shown to be a well tolerated antihypertensive therapy, allowing patients to enjoy their zest for life.

'Zestril' is also an effective once daily treatment for congestive heart failure.

'Zestril' is available as 2.5, 5, 10 and 20mg tablets, presented in tubs of 60 tablets and in calendar packs containing 2 strips of 14 tablets.



Zestril Hotline

0 8 0 0 2 0 0 1 1 1
FOR CUSTOMER SERVICES

0 8 0 0 2 0 0 1 2 3
FOR MEDICAL INFORMATION

Zestril

lisinopril ICI



Prescribing notes may be found overleaf.

Once daily antihypertensive therapy which retains that zest for life

*Prescribing
Notes.*

Use: Hypertension when standard therapy is ineffective or inappropriate. Congestive heart failure (adjunctive therapy).

Presentation: Tablets containing 2.5mg, 5mg, 10mg or 20mg lisinopril ('Zestril').

Dosage and administration: Hypertension—initially 2.5mg daily. Maintenance usually 10-20mg once daily. Maximum is 40mg daily. Diuretic-treated patients—stop diuretic 2-3 days before starting 'Zestril'. Resume diuretic later if desired. Congestive heart failure (adjunctive therapy)—initially 2.5mg daily in hospital under close medical supervision, increasing to 5-20mg once daily according to response.

Impaired renal function—may require a lower maintenance dose. 'Zestril' is dialysable. Elderly patients—no change from standard recommendations.

Contraindications: Pregnancy—stop therapy if suspected. Hypersensitivity to 'Zestril'. **Precautions:** Assessment of renal function is recommended.

Renal insufficiency; renovascular hypertension; surgery/anaesthesia.

Combination with antihypertensives may increase hypotensive effect. Sometimes increased blood urea and creatinine and/or cases of renal insufficiency if given with diuretics. Minimises thiazide-induced hypokalaemia and hyperuricaemia. Potassium supplements or potassium-sparing diuretics not recommended. Indomethacin may reduce hypotensive effect. Possible reduced response in black patients. Use with caution in breastfeeding mothers. Do not use in aortic stenosis or outflow tract obstruction or cor pulmonale. **Side effects:** Dizziness, headache, diarrhoea, fatigue, cough. Less frequently, nausea, rash, palpitation, chest pain and asthenia.

Rarely angioneurotic oedema and other hypersensitivity reactions; renal failure; symptomatic hypotension (especially if volume-depleted); severe hypotension (more likely if severe heart failure). **Product licence numbers and basic NHS costs:** 'Zestril' 2.5mg (29/0208) 28 tablets, £7.84. 5mg (29/0204) 28 tablets, £9.83. 10mg (29/0205) 28 tablets, £12.13. 20mg (29/0206) 28 tablets, £20.96. 'Zestril' is a trademark.

Hospital prices available on request.



Further information is available from:
ICI Pharmaceuticals (UK)
Southbank, Alderley Park, Macclesfield,
Cheshire SK10 4TF.

COUNTERPOINTS



L'Oreal unveil Plenitude skincare

L'Oreal are now entering the UK skincare market with Plenitude, a system containing nine specific cleansing and moisturising products.

Plenitude was launched in France in 1982, and in four years it was said to have increased its market share from 2.4 per cent to 17.4 per cent, "becoming the number one brand." L'Oreal have test marketed the system in the UK and say that four out of five consumers indicated that they would repurchase the products.

The cleansing range consists of cleansing milk with oil of wheatgerm (250ml bottle £3.69); alcohol-free tonic (250ml bottle £3.69); aqua cleansing cream "which rinses off impurities with water" (150ml tube £3.29); oil free eye make up removing lotion (125ml bottle £3.49) and soft scrub cream (75ml tube £3.29).

The active daily moisturiser (50ml tube £3.99, 50ml jar £4.49) in an oil-in-water emulsion containing essential fatty acids (vitamin F), vegetable oil, shorea oil, hydrating agents, and UVA

and UVB filters. It is said to moisturise the upper layers of the epidermis and reinforce the "horny layer" of the skin.

The night replenisher (40ml tube £5.49, 40ml jar £5.99) is an oil in water emulsion and contains biological extracts, vegetable oils, essential fatty acids and vitamin F.

There is a nutritive defence cream for dry and very dry skin (40ml tube £4.49, 40ml jar £4.99) and the wrinkle defence cream (40ml tube £6.49, 40ml jar £6.99) containing amino-biological compounds, vegetable oils, shorea oil and hydrating agents.

Plenitude will sell through Boots branches, independent chemists, department stores, and leading supermarkets and superstores. A tester facility in the permanent shelf unit will encourage trial, say L'Oreal. Also available is a floorstand boutique, and a window display unit.

A £2m advertising campaign has been planned with spreads in a range of magazines. L'Oreal. Tel: 01-937 5454.

Palmolive shave gels!

Colgate Palmolive are launching new Palmolive shave gel to attract the younger user, and round off their product profile, they say.

The gel (200ml £1.29), which comes in regular and sensitive variants, is squeezed out onto the palm but works up into a creamy lather when applied to the face, says senior product manager Murry Darling.

Both the regular and sensitive gel are packed in two shrink wraps of 12 at £10.10 for the trade, and are available from July 25.

A 75ml trial size (£0.49) will be available for the launch, costing £7.67 at trade for case of 24.

Mr Darling said that the brand would attract "younger people looking for a very close shave who tend to be conscious about their image. The use up rate of gel is much higher than that of foam, so it's a good cash profit for the retailer," he said.

The grey pack features the Colgate Palmolive logo in white and a modern graphic written vertically on the pack. Research conducted by Colgate Palmolive showed that the design of packaging communicated the modern quality of the brand well, said Mr Darling. Colgate Palmolive Ltd. Tel: 01-580 2030.



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ary fatigue and
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Pick-Ups are new. A unique formulation of caffeine and dextrose, attractively packaged for maximum on-shelf impact and competitively priced.

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PRODUCT INFORMATION

Presentation: Each PICK-UPS tablet PL0459/0001 contains Caffeine BP 50 mg and Dextrose Monohydrate BP 130 mg. Each carton contains 60 tablets strip-packed.

Legal Category: GSL

Price: RSP £1.59 (incl VAT) per unit 60 tablets.

Trade Price: £11.06 (excl VAT)
per outer of 12 units.



E.G. Marketing.
A division of English Grains (Holdings) Ltd,
Park Road Burton on Trent, Staffs.

COUNTERPOINTS

Genesis set for wet wipe wipe up?

Genesis Hygiene have launched a five-product wet wipe range featuring pre-threaded tissues with, says the company, a competitive price policy.

Exclusive to chemists and hospitals, baby wipes (100s), eye make up removers (70s), nail polish removers (100s), make up remover (70s, 7.5×3.1 in), and after toilet wipes (60s, 21×14 cm), all have an rsp of £1.25 based on a trade price of £0.80.

Each tissue type is specially formulated and with its own fragrance and water/lanolin/propylene glycol base (the nail polish remover is unscented and the baby wipe contains a bactericide).

Each non-woven wipe comes in a plastic container with flip-up, sealable closure packed in shrink wraps of 12.

Managing director David



Sallon, who claims the wipes market is set to double in the next two months, is distributing the wipes nationally through his seven-strong sales force. He claims that the demand for

disposables of all kinds has led to a big demand for items such as these, where hygiene or convenience is paramount. There is no minimum case order. *Genesis Hygiene*. Tel: 051-708 6909.

Trial by torchlight

Ever Ready are offering three new torch display packs for a two month promotional period, during August and September.

The point of sale packs feature three "themes". The first is a rubber and Solar torch pack which contains five medium and five standard size Solar torches plus two waterproof and shockproof rubber torches.

The handlamp pack comprises two Solar handlamps, two Solar beams, one Motormate, and one

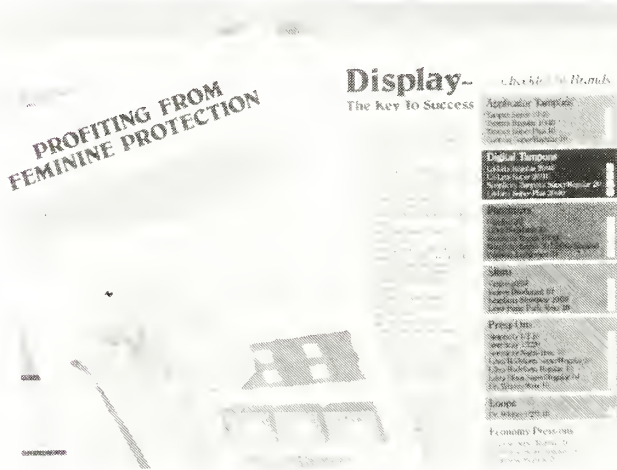
Solar Powerbeam torch.

And a pocket torch pack carries a selection of small torches from the Rotolight range.

Most of the torches appear in individual blister packs, complete with batteries to improve sales opportunities and profitability, say Ever Ready.

A 5 per cent discount is being offered to any customer placing orders to the value of £75 during the promotional period. *Ever Ready. Tel: 01-882 8661*

Protection racket



"To help independent chemists to increase their profits from the £131m feminine protection market," Kimberley-Clark have produced a four-page booklet which gives advice on stocking and merchandising products.

The advice covers all major brands and product sectors, not

just Kimberley-Clark's range.

The booklet is called, "Profiting from feminine protection" and is available free from Kimberley Clark, Larkfield, Maidstone, Kent, in return for a 9 x 6 3/4 in stamped addressed envelope. *Kimberley-Clark. Tel: 0622 77700.*

More women choose tampons

More women are tending to use tampons rather than traditional sanitary towels, according to figures released by the Association of Sanitary Protection Manufacturers (ASPM). The report says that the tampon market grew by 3 per cent last year, increasing in value from £53m to £57m. Tampons now represent a 44 per cent share of the market, edging up 1 per cent from 1986.

Towel growth remained static, with a market value of £73m. Its percentage market share was 56 per cent in 1987, down 1 per cent.

But the report also argues that the increased use of newer products such as mini pads, pant liners, press on towels, and individually wrapped towels, has "offset the gradual but steady sales decline of the traditional loop towels". *ASPM. Tel: Mr G H Siddle 021- 327 4750.*

Scholl's Reflex action

Scholl are offering a free pair of sports socks to any consumer buying two or more of their Reflex products, "to encourage trial and multiple purchase". The offer will run to the end of the year. *Scholl UK. Tel: 01-253 2030.*

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More and more hospitals are starting premature babies on Farley's OsterPrem. This is because clinical trials and hospital experience have proved it to be the most effective pre-term formula available.

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Farley's

FARLEY HEALTH PRODUCTS LTD.
THANE ROAD, NOTTINGHAM.

If you would like further information about the Farley's OsterMilk range please write to the above address.

Vidor say 'join our club!'

Crompton Vidor, are entering the travel business with a new promotion — the Vidor holiday club.

The club entitles members to a 7.5 per cent discount on holidays booked anywhere in the world, say Vidor. Alternatively, members are entitled to guaranteed savings of up to 50 per

cent on flight bookings, or a free flight to several popular holiday destinations when booking four or five star hotels.

Consumers can apply for membership by sending proof of purchase from any Vidor product together with an entry form and £15. *Crompton Vidor. Tel: 0325 318526*

Schumi do a squiggle

Schumi is inviting customers to "do the Schumi Squiggle" with its new range of bendable, shapeable soft foam curlers.

They say that the Squiggles follow hot on the trail of the original Shapers and Sophiststicks and are another aid to quick and easy, no-nonsense styling. Loose waves to give

added volume and body can easily be added to hair with Squiggles.

With "antennae" tipped bright colour foam nodules at each end, they have a high tech feel, and measure 4.5in. They are said to be ultra light, and comfortable to wear, with the bonus of being small enough to fit into a handbag. *Schumi. Tel: 01 235 4529*

ON TV NEXT WEEK

GTV Grampian
B Border
C Central

U Ulster
G Granada
A Anglia

STV Scotland
(central)
Y Yorkshire

CTV Channel Islands
LWT London Weekend
C4 Channel 4

TSW South West
TTV Thames Television
TV-am Breakfast television

HTV Wales & West
TVS South
TT Tyne Tees

Bisodol:	C, G, U
Contour Plus:	All areas
Dettol:	GTV, U, STV, B, G, Y, C, A, HTV, TSW, TVS, LWT, TTV, TT, TV-am
Disprol:	All areas
Germolene	GTV, U, STV, B, G, Y, C, A, HTV, CTW, TSW, TVS, LWT, TTV, TT, C4, TV-am
Insignia:	All areas
Just for Men:	TT, C4
Lanacane:	STV, A, C4
Lana-Sting:	TT, C4
Limara:	G, Y, C, HTV, TVS, TTV, TT
Loving Care:	GTV, U, STV, B, G, C, TT, TV-am
Natrel Plus:	All areas

Odoreaters trainer taimers:	GTV, STV, BTV, G, Y, A, HTV, TSW, TVS, TT, C4
Oxy:	GTV, U, STV, B, G, Y, C, A, HTV, CTW, TSW, TVS, LWT, TTV, TT, C4
Reach toothbrushes:	C, A, TVS, LWT, TV-am
PR Freeze Spray:	G
Ribena:	All areas
Right Guard:	GTV, U, B, HTV
Robinsons baby food and juice:	TVS, TTV, TV-am
Sensodyne:	GTV, U, STV, BTV, G, Y, C, A, HTV, CTW, TWS, TVS, TT, C4
Solpadeine:	All areas
Stickers false nails:	All areas
Vapona:	TV-am
Vosene:	GTV, STV, G, Y, C

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This month's winners are:--

£100 CASH	0136	R. B. Harrison, Clwyd
	3276	Elmfield Drugs, London
	3377	The Bridle Pharmacy, Essex
LAMB'S WOOL SWEATER	3201	Kemblers & Lawrence, London
	0014	Kidman Pharmacy, Bedford
	0218	S. Patel M P S., Maesteg
	1244	Allen's Chemist, Loughborough
	0119	Cartwright's Pharmacy, Solihull
	3972	Scorah Chemists, Stockport
	0691	S. R. Walker, Sheffield
	1433	Forbes Pharmacy, Aberdeen

If your name's not amongst the winners, don't worry. You'll have another chance to win a great prize in the July edition of "FOOT-NOTES" which features an exciting new competition. Don't miss it!

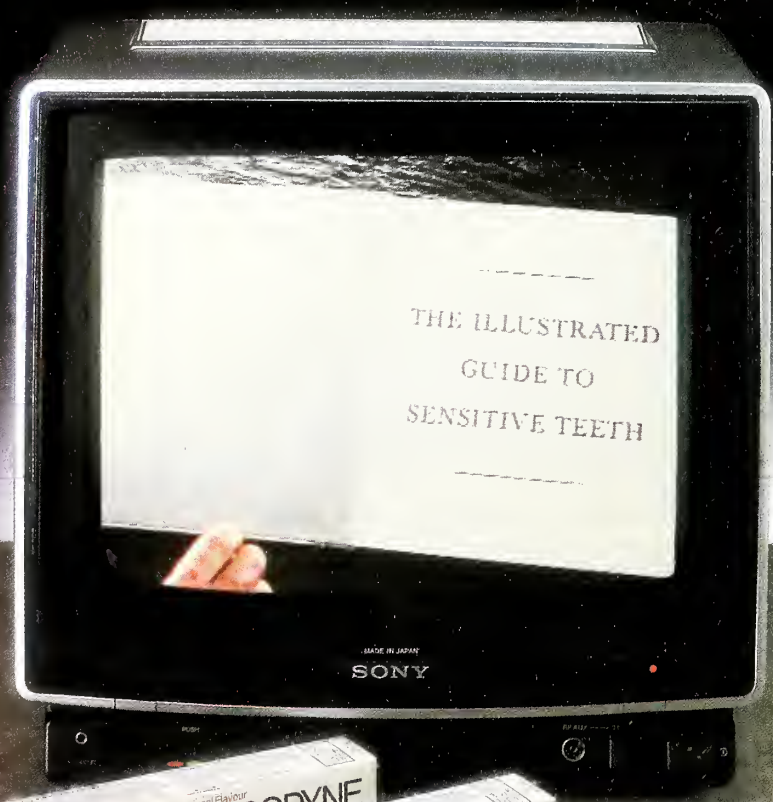
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The Exhibition

This year's Chemex, sponsored by *Chemist & Druggist* for the first time, looks set to be the biggest ever. The exhibition, to be held at London's Earls Court, September 18-19, will cover all aspects of retail pharmacy business, from pharmaceuticals to toiletries, baby care to health foods, shop fittings to insurance services

Many companies are taking larger stands for Chemex '88 than they did last year, when there was a record number of exhibitors and over 6,000 visitors — 40 companies are scheduled to participate for the first time. Several will be launching new

products and there will be special offers, free gifts, personality appearances, competitions and a host of stand events.

For children, there will be a permanent play area staffed by qualified workers and equipped with toys and videos.

Opening hours are 10-8pm on the Sunday and 10am-6pm on the Monday. Free admission tickets are available from Maurice Hoare, MGB Exhibitions Ltd, Marlowe House, 109 Station Road, Sidcup, Kent DA15 7ET (01-302 8585).

Between now and the

exhibition, *C&D* will be bringing you Chemex Corner, a regular update on show news and details of product launches as soon as they become available.

The Organisation



In charge, right to left: Denis Conlon, Maurice Hoare and Larrie Spieler

Chemex '88 organisers MGB Exhibitions recently moved to larger premises in Sidcup, Kent, to accommodate their expanding business (address above).

Currently they have 14 trade exhibitions on the go. Norchem and Scotchem have been among this year's successes and they are full of optimism for Chemex '88. The trio responsible for this seventh national Chemex are Denis Conlon, managing director, Maurice Hoare, show manager, and Larrie Spieler, exhibition director.

"The Chemex series has a solid foundation of success on which we intend to build", says Mr Conlon. "A vital part of the new direction for Chemex will be the strong links now forged between the exhibition and *C&D*. This will enable the exhibition to get closer to the market."

"The new formula has been extremely well received," adds Mr Hoare. "To date, over 180 major suppliers have reserved their stands at the show and the

visitor promotional campaign is already creating a flood of top quality inquiries. I feel confident that exhibitor and visitor alike can look forward to the most successful show so far."

MGB Exhibitions were

formed at the end of last year by the merger of Morgan-Grampian Exhibitions and Benn Exhibitions. The new company, together with Benn Publications Ltd (publishers of *C&D*), is part of the United Newspapers Group.

Come to Chemex and enjoy London!

Why miss a chance to see London the easy way? Come with or without the family, shop or sight see, take in a show on the Saturday evening and discover the latest developments in the industry by going to Chemex on the Sunday or Monday.

Chemex '88, in conjunction with Expotel, have organised travel, accommodation and entertainment discounts for the duration of the exhibition. Ring Expotel on 01-741 4411, quote event code CHMX8 and they will help arrange travel and a convenient hotel.

There will be discounts on rail travel for Chemex visitors staying in London and not on the Expotel package, together with competitive car hire rates and assistance with group travel or travel from abroad. Seat allocations have been made available through Keith Prowse for a wide choice of theatre, concerts or sporting events. Early booking is advisable for the most popular shows. (Credit card bookings only on 01-741 9999).

New products

The following are some new exhibitors and products they will be displaying:

The Fashion Girl range of beauty care kits consists of dressing table and travel manicure sets, cosmetic brushes, mirrors, hair brushes and combs, mostly already supplied in merchandising units. Stand 153. *Fashion Girl Ltd.* Tel: 091-268 2288.

The Aqualstream cartridge water filter is a new product to be launched by Scandinavia Direct Ltd. Water poured into the reservoir passes through the filter into the required container underneath. Unlike the existing Aqualstream 3000, it is not fixed directly to the tap. Stand 120. *Scandinavia Direct Ltd.* 0342-26224.

Bradgate Products Ltd., a three year old company, are using Chemex to launch in the South East. Their Laura Paige budget range is said to be doing well in 1,200 pharmacies in Birmingham, the North and in Scotland. The products have not been tested in animals. A counter or shelf display holds 220 items at one price and a complete new unit is offered every time, so no unpopular colours are left. Stand 146. *Bradgate Products Ltd.* Tel: 0455-42951.

Clinicor home ovulation test kit will be launched the week of Chemex '88.

The kit is based on the dipstick method and contains six tests to predict when a woman is most fertile. The test takes about 35 minutes to complete and a colour change from clear to blue indicates the mid-cycle surge of human luteinising hormone present in the urine just before ovulation.

The tests are being distributed on behalf of Custom Research and Development Ltd, whose Just To Be Sure home pregnancy test was launched last April. There will be show incentives. Stand 167. *Regent Laboratories Ltd.* Tel: 01-965 3637.



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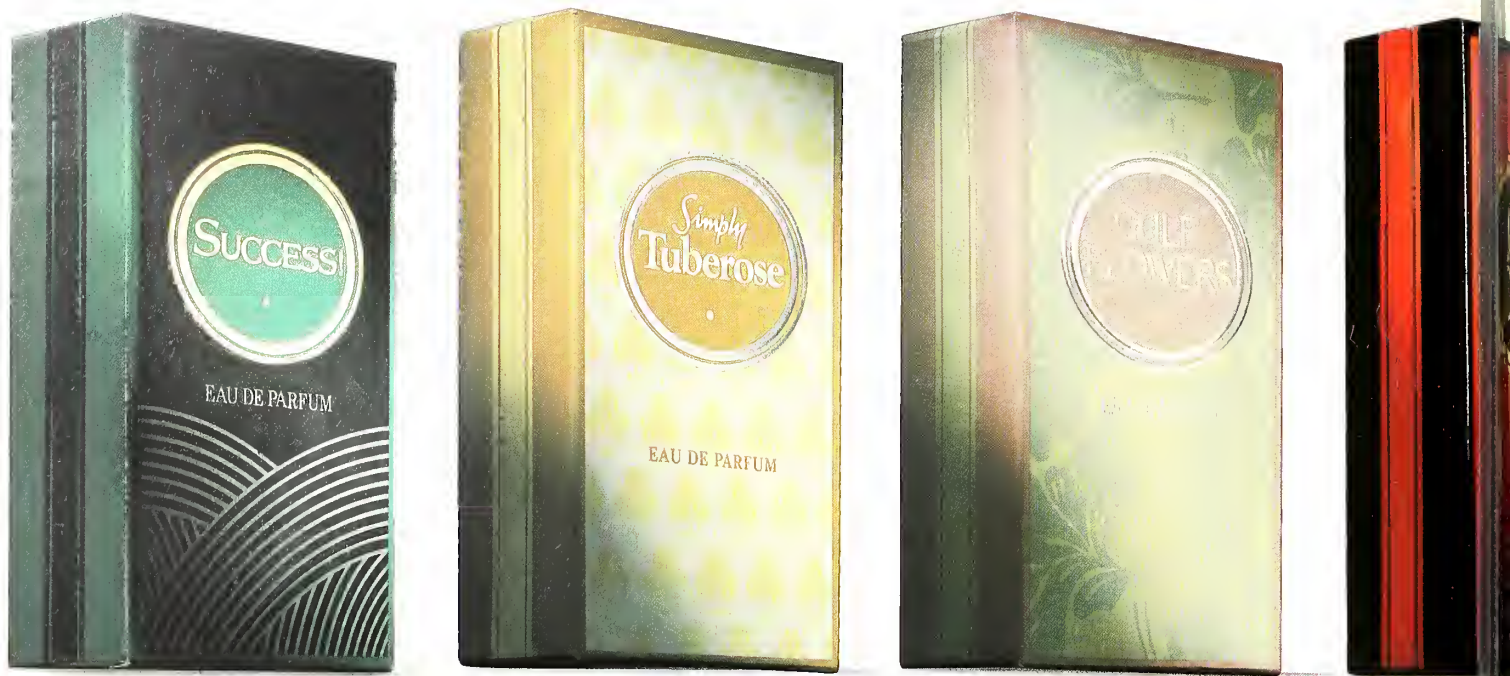


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LAXATIVES

This is the seventh of a *Chemist & Druggist* initiated series of training seminars for pharmacists and their assistants — sponsored jointly with companies who have a particular expertise in the chosen subjects.

Everything in moderation

Laxatives have been with us as a medical treatment for many years. Indeed, in the past purgatives were seen as the answer to a wide range of problems. The establishment view these days would seem to be to avoid laxatives. But, as Dr Ian Jones from Bradford University explains, there are instances where their use is justified

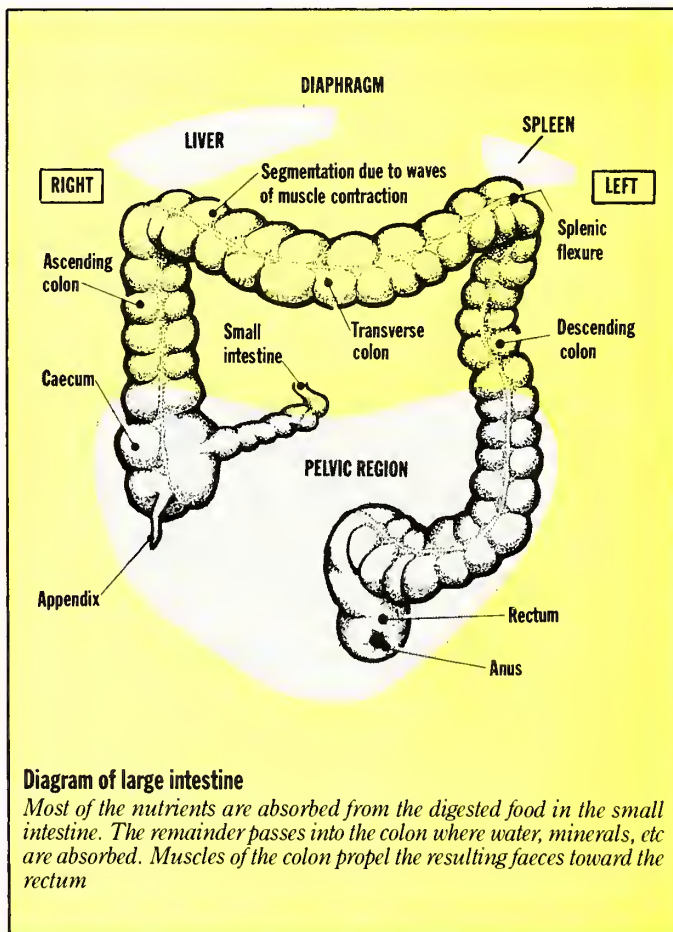
Laxatives represent one of the oldest therapeutic categories of medicines known to man. Perhaps the earliest detailed account of medicinal usage is given in the Ebers Papyrus, written in Egypt around 2000 BC. Among the many substances mentioned was a reference to castor oil seeds, used by the Egyptians as laxatives.

While fig and prune and the more formidable colocynth (purgative from a plant producing bitter apples) and jalap (purgative from tuberous roots of Mexican plant) may have been taken in a vain hope of a long term cure of a serious condition, their short term effects were obvious.

Deliberate purging appears to have been the order of the day, providing therapy for countless medical disorders or for prophylaxis (prevention) against constipation — a perceived forerunner of many other more serious conditions. Only in recent decades has this attitude changed.

Misconceptions about bowel habits have led to excessive laxative use. The BNF now makes plain the establishment view about laxatives, recommending their use should generally be avoided, particularly in infants and young children. An adjustment in diet often remedies infant constipation.

Notwithstanding the cautious tone of the BNF, there are situations in which laxatives are justifiably and widely used in the community to treat short term constipation. Both bulk and stimulant laxatives are suitable for



short term constipation. Patients requiring laxatives in the long term should be referred to their doctor.

The cautionary emphasis in the BNF, the "blacklisting" of

many laxatives for NHS purposes and the recent DHSS policy statement encouraging doctors not to issue prescriptions unless they are necessary, would suggest that laxatives — and

indeed some other categories of medicines to treat minor disorders — will not be reimbursable at the expense of the NHS unless there is clear rationale for prescribing. Good advice from the pharmacy and good OTC products would appear to pre-requisites for satisfying healthcare needs.

When responding to symptoms about constipation pharmacists will need to take a brief but salient medical history from the customer and establish a laxative would be indicated and select an appropriate preparation.

Stimulant laxatives

Of the anthraquinone group of naturally occurring medicines only senna appears to have remained in frequent and popular use. Rhubarb and the more powerful cascara and aloes are seldom used and danthron has recently been discredited apart from managing opioid-induced constipation in the terminally ill. Standardised senna has stood the test of time, and can be recommended. Senna, 2-4 tablets or 10-20ml of syrup can be expected to act in 8-12 hours and so is conveniently taken at bedtime. Bisacodyl and sodium picosulphate are also stimulant laxatives.

This type of preparation works by increasing intestinal motility. Short-term use is indicated. Prolonged use is contraindicated and can reduce the natural tone of the colon resulting in either rebound constipation when the product is discontinued and/or the

need to increase dosage.

Bulk forming laxatives

Examples are bran, ispaghula husk, methylcellulose and sterculia. Bran may take several days to develop an effect. Whereas, ispaghula husk has been demonstrated to act within 24 hours for the majority of constipation sufferers. They are recommended when dietary problems are thought to be responsible for constipation. They work by increasing faecal mass and thus stimulating peristalsis and may additionally have faecal softening properties. Bulk forming laxatives are often prescribed for haemorrhoids/piles and irritable bowel syndrome.

Osmotic laxatives

These preparations have a long history of use and include magnesium sulphate ("Epsom

Salts") and magnesium hydroxide. Sodium sulphate (Glauber's Salts) is now not recommended — particularly in hypertensive patients. Osmotic laxatives act by drawing and maintaining water in the lumen of the bowel by osmotic effects. A solution containing 10g of magnesium sulphate can be expected to act in 2-4 hours. Lactulose is perhaps the drug of choice from the osmotic group. However, this takes longer to act; 15ml taken twice a day may take up to 48 hours to work.

Faecal softeners, particularly liquid paraffin and preparations containing it are not recommended. Irritant laxatives such as those containing phenolphthalein, and castor oil are also not recommended.

To conclude, short term self-medication with suitable laxatives is appropriate, long term medication without reference to a doctor is not.

Available types of treatment and indications		
CONDITIONS		TREATMENTS
Constipation due to lack of dietary fibre	L A X A T I V E S	Bulking agents Ispaghula husk
Constipation due to lack of fluid intake, ie children		Anthraquinones Senna
Simple constipation due to lack of exercise, ignoring call to stool, emotional disturbance		Polyphenolics Bisacodyl Sodium picosulphate Phenolphthalein
Constipation in the elderly		Stool softeners Sodium dioctyl sulphosuccinate
Drug induced constipation		Osmotic agents Magnesium salts lactulose
Constipation in pregnancy		Lubricants Liquid paraffin
Constipation in irritable bowel syndrome		
Avoidance of straining after surgery and in cerebral and cardiovascular disease		

A problem of definition

There is no straightforward definition of constipation. Before recommending a product for customers claiming to be suffering from the problem, pharmacists would do well to ask a few questions in case symptoms indicate something more sinister that needs to be referred. Dr Peter Whorwell, consultant physician and senior lecturer in medicine at University Hospital of South Manchester, discusses how to identify patients whose symptoms may indicate more serious disease.

Constipation is remarkably difficult to define. Is a patient who passes loose stools every three days constipated? Is a patient who opens their bowels eight times a day but only passes small pellety stools constipated?

It is probably best to use a combination of frequency, consistency and difficulty passing stools to help define the problem. Thus, if a patient has hard or infrequent stools or difficulty in passing stools — or all of these features — they can be said to be constipated.

The patient's view of their symptoms should also be taken into account. If the problem is affecting their life it should be regarded as significant. However, if they just think they should be opening their bowels more, despite feeling completely well, then this is of less concern.

In some patients constipation alternates with diarrhoea and their problem responds better to the treatment for constipation rather than that of diarrhoea.

Signs and symptoms

There are a number of causes of constipation (table 1). Before a constipation remedy is recommended a few inquiries should be made. This is to discover if the constipation is indicative of a more serious

disorder, eg cancer, haemorrhoids, colitis or diverticular disease. Common causes of constipation include:

- 1 Ignoring the call to stool** ie A bus driver would have to wait until he had finished his route before visiting the toilet.
- 2 Lack of exercise** possibly more common among the elderly, overweight or disabled.
- 3 Diet or change in diet** A person cutting down on food may not consume sufficient dietary fibre for normal bowel function. Also, foreign travellers may change their diets producing constipation.
- 4 Reduced fluid intake** If sufficient fluids are not consumed the stools may become hard and pellety.
- 5 Drugs** Many drugs, particularly painkillers, can cause constipation and it is very important to inquire about this possibility. Obviously stopping medication or finding a suitable alternative is preferable. It is not good practice to take medication to counteract the side effect of another.

These causes can be discovered by asking a few simple questions about diet and lifestyle.

Referral

One must always be alert for more serious disease. There are a number of symptoms which

should *never* be ignored. The presence of one or more of these should always lead to consultation with a qualified medical person and possible further investigation:

- 1 Blood in stools** Presence of blood in the stool itself (usually dark blood patches like dried blood), on the toilet paper or colouring the water in the toilet.
- 2 Recent onset of constipation** Not due to any obvious cause such as diet change, beginning a course of drugs, etc.
- 3 Unexplained weight loss** Slow or rapid weight loss not due to any obvious cause such as dieting.
- 4 Loss of appetite** Often coupled with tiredness and lethargy.
- 5 Jaundice** The skin has a yellow colouring, usually on the face and/or hands. This can be anything from a slight tinge to being quite pronounced. Inquiry should discover if the colouring is normal for that person.
- 6 Slimy stools** The passage of thick mucus or stools coated with mucus.

It is best to detect cancer at the earliest possible time although it is often without symptoms in the early stages. The symptoms above may or may not be due to cancer. However, they usually indicate a more serious condition than simple constipation.

Irritable bowel syndrome

Probably the commonest cause of constipation is a motility disorder of the bowel called irritable bowel syndrome. This is a condition where the muscles of the bowel contract abnormally and are uncoordinated. The main symptoms of this condition are abdominal pain, bloating and an abnormal bowel habit. This abnormal habit is often constipation but can be diarrhoea or alternation of the two.

Constipation without any other symptoms probably represents a mild form of this syndrome. There are a number of other symptoms which are associated with irritable bowel syndrome (table 2) and an explanation that these are related to the condition can often reassure the patient considerably.

Summary

Constipation is an extremely common condition and does not usually indicate any serious disease. It is important to identify the odd customer reporting symptoms which might possibly indicate cancer. The danger signals are: blood in stools; recent unexplained onset of constipation; weight loss; loss of appetite; jaundice; slimy stools. If one or more of these are present a doctor should be consulted.

TABLE 1	Causes of constipation
<i>Motility disorders</i>	Irritable bowel syndrome Pseudo obstruction Central nervous system disease
<i>Structural disorders</i>	Cancer of colon
<i>Systemic disease</i>	Myxoedema (condition in which subcutaneous and connective tissues swell and degenerate due to a defect in the thyroid gland) Scleroderma (gradual wasting of muscles due to hardening of skin and stiffening of joints)
<i>Drugs</i>	Antidepressants Antihypertensives Analgesics Antacids

TABLE 2	Non-colonic symptoms of irritable bowel syndrome
<i>Gastrointestinal</i>	Heartburn Flatus Difficulty finishing meals
<i>Genitourinary</i>	Dyspareunia (pain with intercourse) Urinary frequency Urinary urgency
<i>Others</i>	Nocturia (passing of urine at night) Backache Constant lethargy/tiredness Bad breath

For your interest, below are five case histories to study. What information do you need to find out and which type of laxative would you recommend?		
1. <i>Patient</i>	A rather plump middle-aged lady approaches you at the chemist counter. She explains that since she has started a diet she has not been to the toilet. Can you help?	notice she has some difficulty in speaking and has a slightly swollen face. On further inquiry you find she has had a recent wisdom flare-up.
<i>Discussion</i>	Find out: What type of diet? How long she has been on the diet? How long since she has been to the toilet? Diet can affect bowel movements. Lack of dietary fibre is a common cause of constipation. A bulk laxative is suitable in this case, to increase stool mass and soften stool and thus stimulate bowel movement.	<i>Discussion</i> What drug is she taking? Has she changed her diet because of her teeth? What is her normal bowel pattern? Certain drugs cause constipation. Diet and stool bulk is probably normal and the bowel has to be stimulated to empty. A stimulant laxative is suitable to encourage the bowel to empty.
2. <i>Patient</i>	An old, grey-haired man — looking rather like a retired colonel — marches up to the chemist counter. He says he finds it difficult to “go” and can’t understand it as he’s been taking bran every morning. Can he have something?	4. <i>Patient</i> A harassed, young woman clutching a newborn baby rushes up to you and explains she hasn’t been to the toilet properly since her baby was born. She now has a niggley pain on her right-hand side just below her stomach. What with the baby, broken nights and this pain she feels rotten. Can you give her something to ease her bowels?
<i>Discussion</i>	Find out: How long he has been taking bran? How much he drinks in a day? Has he had a recent illness? How regularly does he normally go? Constipation is common in the elderly, often due to poor diet, lack of fluid intake or lack of exercise. Also, with age, the muscles lose their tone. A stimulant laxative is suitable if diet is correct.	<i>Discussion</i> The appearance of a “stitch” type pain may not be associated with constipation. Refer to a doctor.
3. <i>Patient</i>	A girl of about 18 years of age explains to you that she hasn’t been to the toilet for four days and would like a laxative. You	5. <i>Patient</i> A chap pops into the chemist. He explains he hasn’t been to the toilet for over a week. He has no time to see his doctor as he’s very busy with getting his new business started. Can you recommend something?
		<i>Discussion</i> This man has been constipated for quite some while if it is not his normal bowel pattern. Refer to a doctor.



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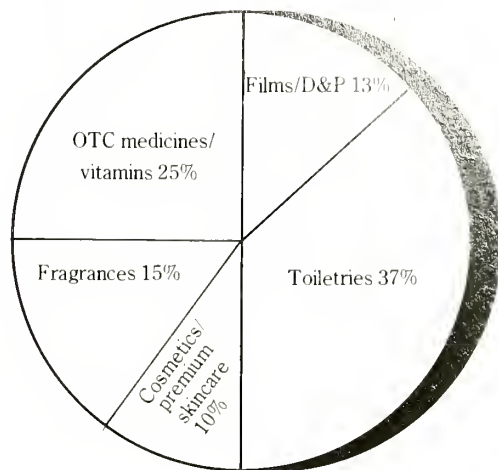
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The way it splits

Figure 1. Sector shares of pharmacy turnover (excluding Boots) at RSP (1987 = £456m)



With information from Audits of Great Britain *C&D* looks at the relative importance in terms of sales at rsp and share of five sectors of trade through pharmacies excluding Boots.

The areas are toiletries, fragrances, cosmetics and premium skincare, OTC medicines and vitamins and tonics, and films and developing and printing.

Product areas that make the largest contribution to chemists' business in terms of revenue are not necessarily those in which chemists control the greatest outlet share by sales. A lot also depends on the size of the market in Great Britain as a whole. For example, almost 70 per cent of analgesic liquids bought in Great Britain come from pharmacies bringing in £5.1m last year. That compares with chemists' revenue of £40m brought in by colour cosmetics — an area where pharmacies (excluding Boots) have around a 14 per cent outlet share of sales.

Sales of products in the personal care sectors covered in previous AGB statistics reports — toiletries, fragrances and cosmetics, and premium skincare together with OTC medicines — were worth some £375.7m to chemists excluding Boots last year. Add to that sales of film, film processing and vitamins and tonics and revenue from these areas last year was worth £455.8m.

Growth in the different product sectors has varied but overall chemists have kept up with the market or bettered it with one or

PHARMACY (EXCL. BOOTS) MARKET IMPORTANCE RANKING BASED ON 1987 TURNOVER

Market	£m	% Change (86 vs 87)
Women's fragrance	46.4	- 8
Colour cosmetics	40.3	+ 8
Analgesic tabs/powders	32.0	- 1
Film processing	30.4	- 10
Film	29.0	- 10
Cough liquids/pastilles	28.5	n/c
Vitamins & tonics	20.7	+ 13
Men's fragrance	20.1	- 8
Cough & cold treatments	16.2	- 6
Toiletry skincare	15.5	+ 7
Deodorants	14.2	+ 15
Sanitary protection	13.3	- 5
Shampoos	13.1	+ 5
Women's hairsprays	12.8	+ 14
Styling aids	12.3	+ 16
Hair colourants	12.2	- 1
Indigestion/stomach upset	12.0	- 1
Talcum powder	9.6	+ 22
Sun preparations	8.6	+ 29
Consultant/cosmetic skincare	7.3	+ 12
Bath additives	7.1	+ 15
Hair conditioners	6.2	+ 2
Analgesic liquids	5.1	+ 23
Denture products	4.8	+ 11
Toothpaste	4.1	- 1
Toothbrushes	4.1	+ 2
First aid dressings	4.1	n/c
Razor blades	4.0	+ 2
Mouthwashes	3.9	+ 27
Shaving soaps	3.8	+ 8
Women's body sprays	3.7	+ 41
Home perm kits	3.6	- 8
Toilet soap	2.1	+ 7
Baby skincare	2.1	- 4

IMPORTANT NEWS

Re-supply of withdrawn **milupa**[®] products under way

Fresh supplies of replacement products – Milumil and Aptamil – were placed in retail outlets by the end of last week. The range of Milupa breakfasts in standard packs, 120g and 150g, were unaffected and available.

This re-supply follows temporary withdrawal of the following dry powdered products as a precautionary measure after discussion with the DHSS and Milupa UK. These are marked with the **best before date up to and including July 1989. All were produced in the Milupa factory in France:**

Milumil, Aptamil 450g and 900g packs
Family packs of 600g – 7 Cereal Breakfast
600g – Oat Breakfast Cereal with Apple
600g – Mixed Fruit with Cereal

The Company took this precautionary measure as a result of one positive finding of salmonella in **one** 450g pack of Milumil.

Mothers have been advised that affected product, produced in France, should **not** be used and **should be returned to where purchased, unless** it bears a best before date of August 1989 or later which is not affected, and that a refund or suitable product replacement will be credited by Milupa.

Products that Milupa manufacture in Germany are not affected

They include 120g and 150g Infant Breakfasts and all other Infant and Junior Foods, Cereals, Drinks, Rusks and Ready to Feed milks and liquids which have remained in wide distribution.

Milupa would like to assure all Stockists that full credit will be given on returned stock. Parents and customers who require further information should telephone Milupa UK on this number: 01-573 9966.

We apologise for any inconvenience caused to our customers by this precautionary measure and thank you for your understanding and co-operation.

two exceptions, notably fragrances and film sales.

In fragrances chemists' sales dropped 8 per cent from 1986 to 1987 from £72.4m to £66.6m while the market as a whole fell by only 2 per cent in the same period. According to AGB, sales have been gained by department stores and Boots. Despite the loss women's fragrances top the league of revenue earners for chemists (see figure 2).

Film sales were the other area where chemist growth fell significantly behind the British market. In 1986 chemists sold £32.1m worth of films, in 1987 that had fallen to £29m while the market grew by 5 per cent year on year. AGB do not see any particular retail sector gaining at the expense of chemists, rather that film is being sold from a greater number and more diverse type of outlet.

Film processing sales have also fallen by 10 per cent although in this instance the news is not so bad because the market as a whole fell by 8 per cent from 1986 to 1987.

In contrast to these losses chemists have made significant gains in cosmetics and defined skincare. Colour cosmetics make up the bulk of chemists' sales in the area at £40.3m, up 8 per cent from 1986's £37.2m bringing chemists a 13.7 per cent outlet share.

Consultant and cosmetic range skincare products have also shown good growth — up 12 per cent from £6.5m in 1986 to £7.3m.

In the haircare markets chemists take a relatively large outlet share of home perm kit sales (26.1 per cent) and hair colorants (25.8 per cent). But revenue has dropped relative to the overall market in both areas.

Chemists have seen some significant moves forward in bathroom toiletries with gains in sun preps, up 29 per cent against 19 per cent growth in the overall British market; talcum powder sales were up 22 per cent year on year compared with no change in the overall market, and in

women's body sprays chemists increased turnover by 41 per cent against growth in the overall market of 19 per cent.

In oral care turnover on mouthwashes in chemists grew by 27 per cent from £3.1m in 1986 to £3.9m in 1987 compared with growth in the overall British market of 14 per cent. Toothpaste sales through pharmacies fell behind the general trend — down 1 per cent while the market as a whole showed a 5 per cent rise.

In hard toiletries chemists fell behind in all three sectors monitored by AGB: first aid dressings showed no change in chemists while the overall market was up 9 per cent; in sanitary

protection chemists' sales fell by 5 per cent while the overall market showed 2 per cent growth and there was a 2 per cent rise in razor blade sales from chemists against 12 per cent growth in the market overall.

Chemists followed the overall market trend in OTC medicines sales with a drop of 1 per cent year on year (see table 1).

Vitamins and tonics showed growth through pharmacies that matched the overall market. Sales through pharmacy increased by 13 per cent from £18.3m to £20.7m from 1986 to 1987. That suggests that business was not being lost to outlets such as health food shops as might have been expected.

TABLE 1. BREAKDOWN OF CHEMISTS' (EXCLUDING BOOTS) OTC MEDICINES BUSINESS

Market sector	Annual turnover £m		% Change	Share of GB market		GB % Change
	'86	'87		'86	'87	
Analgesic liquids	4.1	5.1	+23	65.4	69.9	+15
Cough liquids/ pastilles	28.5	28.5	n/c	55.7	53.8	+4
Cough & cold treatments	17.3	16.2	-6	48.5	45.9	-1
Analgesic tablets/powders	32.4	32.0	-1	37.6	38.9	-5
Indigestion/ stomach upset remedies	12.1	12.0	-1	34.4	34.1	n/c

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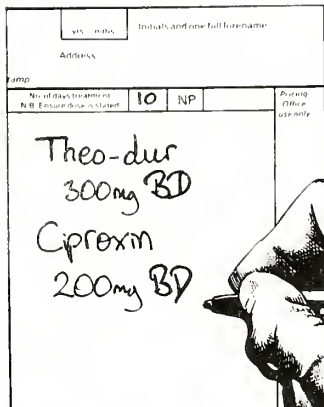
SOMINEX



PHARMACEUTICAL INFORMATION **Presentation:** White, pear-shaped tablets, containing 25mg Promethazine Hydrochloride. **Indications:** Temporary sleeplessness. **Dosage and Administration:** One tablet at bedtime, or up to one hour after going to bed. Children 10-16 years, not recommended. **Contra-indications, Warnings etc.,** There are no specific contra-indications, and use in pregnancy should be avoided. **Precautions:** The product has a sedative for bedtime use only. Patients should not drive or operate machinery. Alcohol and other CNS depressant drugs, should be avoided. **Side-effects:** A few patients may be particularly sensitive to the effects of Sominex; early morning drowsiness may be experienced, or a dry mouth, blurred vision, difficulty with accommodation, or constipation. Research conducted on behalf of Beecham at the UK Sleep Laboratory. Product licence number 0079/0211. For further information write to: Beecham Health Care, Great West Road, Brentford, Middlesex, TW8 9BU.

Q&A

An 81 year-old man presents this prescription but is confused about his treatment. His GP tells you that he has an acute exacerbation of chronic bronchitis and he is producing purulent sputum. A ten day trial with ampicillin was unsuccessful, so the GP prescribed ciprofloxacin. He has also told this patient quite firmly that he will not get better if he does not stop smoking — the sooner the better.



Questions

- 1 What comment can you make about the prescription?
- 2 Alternative antibiotics might be erythromycin or co-trimoxazole — would you suggest these?
- 3 What other antibiotics might be prescribed?
- 4 Can you suggest any other action at this stage?

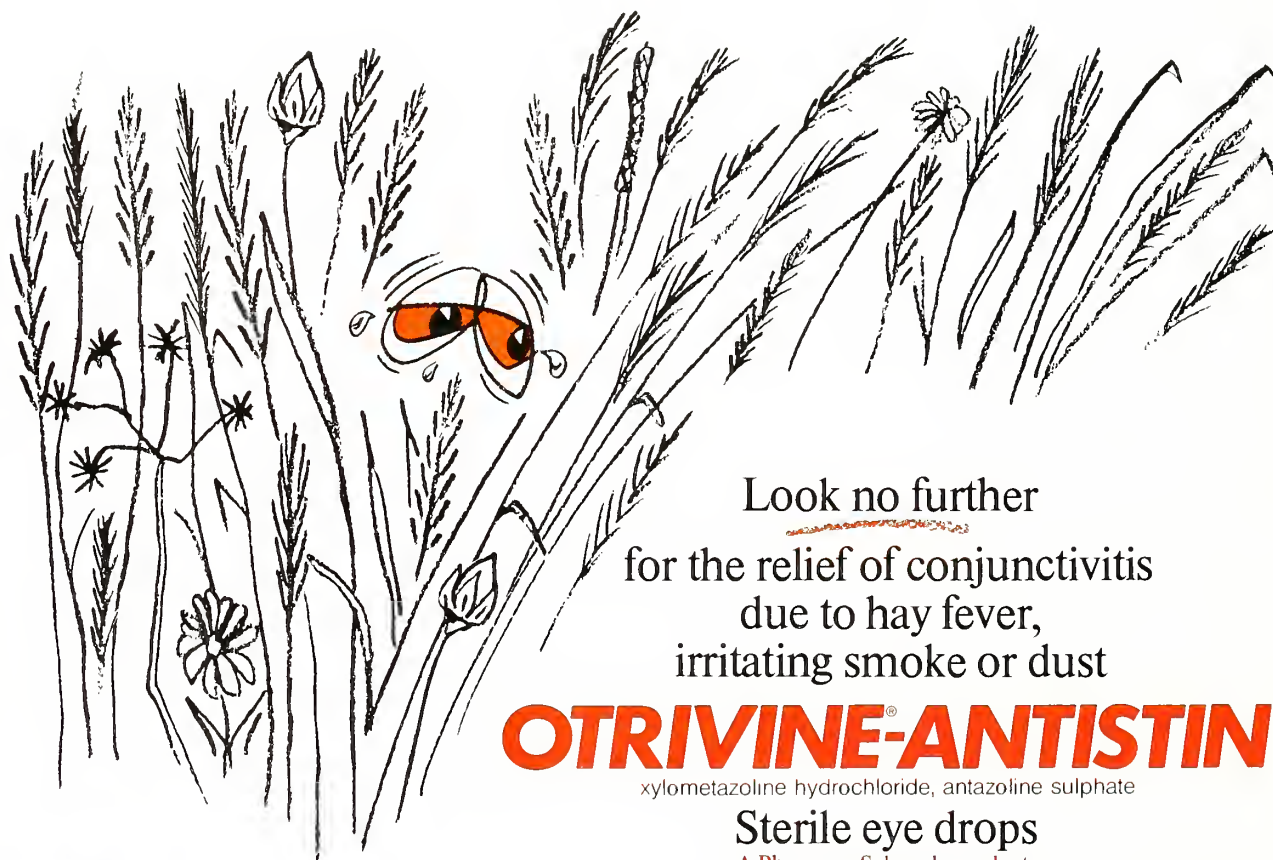
Answers

1 This combination is contraindicated because ciprofloxacin inhibits the metabolism of theophylline. This interaction is well established and can lead to a clinically significant increase in blood theophylline concentration within a few days of starting treatment. Recent warnings from the Committee on Safety of Medicines have emphasised its importance.

2 Both erythromycin and co-trimoxazole would seem logical choices for an ampicillin-resistant chest infection. However, erythromycin also increases blood levels of theophylline, again probably by impairing its metabolism. This may simultaneously give rise to low and ineffective levels of erythromycin. Co-trimoxazole would be an acceptable alternative in a younger patient but its use in this case is questionable. Data from the CSM show that the incidence of death from blood dyscrasias associated with co-trimoxazole is four times greater in elderly patients than in those aged 40-65, and about 20 times greater than in younger patients.

3 In the absence of sensitivity testing, the next "best guess" antibiotic would be a tetracycline — doxycycline in the case of the elderly whose renal function may be impaired. The organisms most likely to be pathogenic in exacerbations of bronchitis — other than viruses — are *Haemophilus influenzae* and *Streptococcus pneumoniae*. Some strains of both organisms are resistant to tetracyclines.

4 You should suggest that, in view of this man's age and the duration of symptoms, a bacterial sensitivity test should be carried out on a sputum sample. This would help to select an alternative if the doxycycline proved ineffective. If his bronchodilator treatment has not been satisfactory, it might also be worth checking that his plasma theophylline level is within the therapeutic range of 10-20 mg/l. Finally, it would be better to reduce the number of cigarettes smoked rather than abruptly stop smoking. Smoking enhances the elimination of theophylline although the subsequent increase in theophylline levels is slow. However, in view of the stress that can accompany withdrawal, it might be better to tackle this problem — which makes his bronchitis worse — when the patient is fitter.



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Antimicrobial therapy

In this article, Larry Goodyer, teacher/practitioner, and Russell Greene, lecturer, from Kings College, Chelsea Department of Pharmacy, London, discuss the treatment of infections using antimicrobials, by examining some basic principles of antimicrobial prescribing and use.

For any pharmacist who has had experience of dispensing antibiotics, it soon becomes apparent that many different types can be prescribed for the same condition. For instance, a patient with a chest infection could be prescribed amoxycillin, co-trimoxazole, cephalexin, erythromycin or oxytetracycline! Although in some cases the choice of antibiotic may simply reflect the prescribers' own personal preferences, antibiotic choice should be, and frequently is, based upon sound logical decision making. In this article we shall discuss some of the therapeutic principles which may govern this choice, as summarised in fig 1. We shall also look at the ways in which pharmacists can contribute to the use of antibiotics.

Signs of infection

Before instituting antibiotic therapy the physician must first decide that an infection is actually present. Similarly it is useful for the pharmacist to appreciate when an infection would require referral to the doctor. Mild local infections, for instance on the skin surface, would be characterised by inflammation often accompanied by pus and exudation. This must be distinguished from an infection lying in the subcutaneous or deeper layers of the skin, as in cellulitis, where the inflammation may spread over a wide area, perhaps following a lymphatic vessel (lymphangitis). Patients with cellulitis may exhibit the systemic symptoms of an infection, which are distinguished by pyrexia (fever), but can also include chills, headache, delirium and in severe cases cardiovascular problems.

If bacteria are growing in the blood, the patient is said to be septicaemic, and septicaemic shock, when bacterial toxins cause profound hypotension, is a medical emergency. The physician has the additional task of identifying causes of fever not associated with infection, such as systemic inflammatory disease (ie rheumatoid arthritis), some tumours and severe trauma.

Need for treatment

Even if an infection is present, antimicrobial therapy need not always be the most appropriate treatment. Many infections are viral in origin, for which there are few generally effective therapeutic agents. Examples include many upper respiratory tract infections, influenza and other viral diseases such as rubella (German measles). Most infections of the gastrointestinal tract whether viral or bacterial (for example non-enteric salmonella infections or "food poisoning") are often self limiting, requiring only symptomatic treatment and rehydration.

On the other hand, a positive indication for antimicrobial therapy would be the severe systemic infections described previously. Certainly patients complaining of pyrexia of more than 24-48 hours duration should be referred to a physician.

Similarly, if the infection compromises a vital function by affecting organs such as the heart, liver or kidney, prompt antimicrobial treatment may be life saving. Again, a moderate infection in an immunocompromised patient may prove fatal if aggressive antimicrobial treatment is not initiated. Examples are patients suffering from leukaemia or AIDS, and those undergoing cancer chemotherapy.

In some cases prophylactic treatment with antimicrobials may be necessary. Abdominal surgery in particular will require prophylactic therapy owing to the danger of peritoneal contamination from a patient's own gut flora. Another example is patients with heart valve disease and endocarditis. The organisms which can cause acute cardiac exacerbations are harboured in the mouth, and patients with such conditions would require prophylactic treatment prior to dental procedures.

It was once thought necessary to prescribe prophylactic antibiotics for chronic bronchitis. This practice has been questioned, and it is now believed to be more appropriate to teach patients to recognise the early signs of chest infections, so they may initiate a short course of antibiotic therapy themselves.

Choosing an antibiotic

a. Sensitivity The choice of antimicrobial depends primarily upon the sensitivity of the organism involved. Sensitivity tests are performed by culturing the organism and measuring inhibition of growth by a range of antibiotics. This takes time, and some samples, such as sputum or faeces, can be difficult to culture. It may therefore, in certain circumstances, be necessary to start treatment "blind", especially in a medical emergency (eg meningitis or endocarditis). However, with less serious infections managed outside the hospital, if initial treatment is successful, identification of the organism and sensitivity testing will often not be performed.

If possible, samples for culture will always be taken before initiating therapy, as otherwise too few organisms may be present for sensitivity and identification tests.

When initiating "blind" therapy the physician will use his own experience to judge which is the most likely organism responsible, and this often depends on the site of infection. Choice of an antimicrobial is then based upon known spectrums of activity. Antimicrobials

with a broad spectrum such as amoxycillin, will often be employed in these circumstances. Flucloxacillin and other antibiotics with a narrow spectrum of activity would rarely be used on their own, until sensitivity testing has been performed. Table 1 lists some infections which may be encountered by a GP and appropriate treatments based on likely organisms.

b. Resistance Despite correctly identifying an organism and initiating treatment (before sensitivity testing) there may be an inadequate response, because the organism has become resistant to an antibiotic previously known to be useful. Organisms can develop resistance to any antibiotic, and resistant strains have eventually appeared to nearly all types so far developed.

For instance, when penicillin was first introduced *Staphylococcus aureus*, a common pathogen in many infections, was almost invariably sensitive. Over the years *Staph aureus* strains producing beta-lactamase have become an increasing problem. Initially this was overcome by the development of beta-lactamase resistant penicillins, such as flucloxacillin.

Most recently methicillin (and therefore flucloxacillin) resistant staphylococci are causing serious problems in many hospitals. This highlights the importance of antibiotic policies and the prescribing of adequate doses and full courses — and here the pharmacist has a major role.

c. Penetration Even if an organism has been shown to be sensitive, the selected antibiotic must still reach the site of infection after administration. For example, many antibiotics penetrate poorly into bones or sputum, while a poor peripheral circulation may impair the systemic treatment of a wound infection. Diabetics with peripheral artery damage and the elderly are examples of patients who have such impaired circulation, and the treatment of wound infections using systemic antibiotic is notoriously difficult in these groups.

The "blood-brain barrier" may hinder the passage of antibiotics into central nervous system, although inflamed meninges (in meningitis) are more permeable than healthy ones.

If an antibiotic is eliminated unchanged via the bile or urine, it may be of particular use in treating infections occurring at these sites. Nitrofurantion and nalidixic acid are found in high concentrations in the urine and are of use in treating urinary tract infections, but do not achieve high enough plasma concentrations to treat an infection at any other site of the body. Two commonly prescribed antibiotics, cephalexin and ampicillin, may be used in the treatment of infections of the biliary tract (ie cholecystitis), as they are both excreted into

FIG 1 — FLOW CHART FOR DECISION MAKING IN ANTIMICROBIAL THERAPY

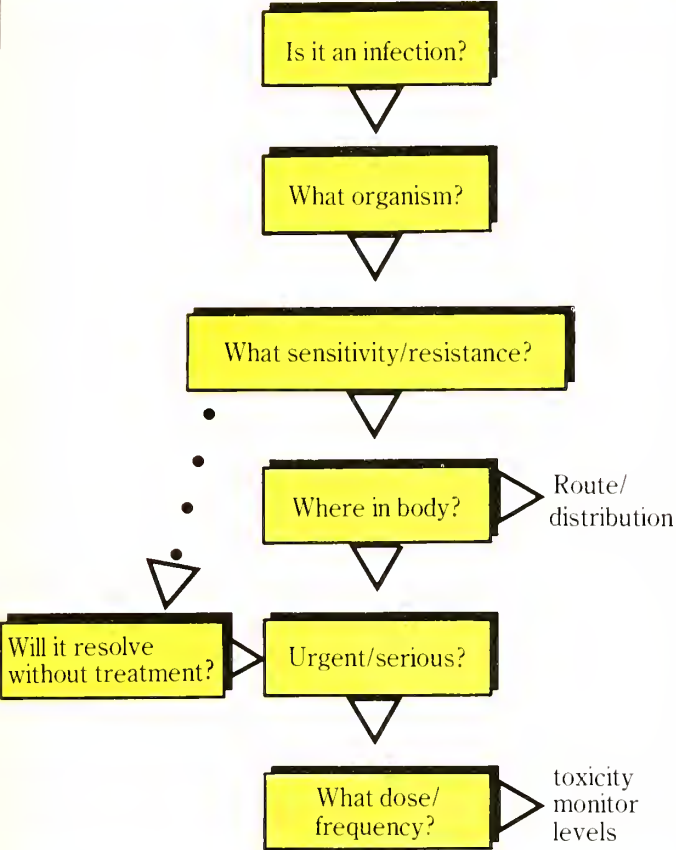


TABLE 1 — SOME COMMON INFECTIONS AND LIKELY CAUSATIVE ORGANISM ENCOUNTERED IN GENERAL PRACTICE

INFECTION	LIKELY ORGANISM	SUITABLE ANTIBIOTIC
Upper respiratory tract		
sore throat	2/3 cases are viral	none
tonsillitis	<i>Strep. pyogenes</i>	penicillin V
otitis media	<i>H.influenzae</i>	amoxycillin
(in infants)		or cefaclor
Lower respiratory tract		
chronic bronchitis	<i>H.influenza</i>	amoxycillin
	<i>Strep. pneumonia</i>	or erythromycin
Urogenital		
urinary tract (cystitis)	<i>E.coli</i>	amoxycillin
		or co-trimoxazole
		or cephalexin
vaginitis	Candida (thrush)	clotrimazole (topical)
	Trichomonas	metronidazole
Skin		
cellulitis	<i>Strep. pyogenes</i>	penicillin V
boil	<i>Staph. aureus</i>	flucloxacillin

NB i Antibiotics other than those indicated may be suitable
ii Other organisms may be responsible

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Roger King

Managing Director
LICHTWER PHARMA UK

the bile in high enough concentrations to deal with the organisms responsible. Of the two, cephalixin is now the treatment of choice because of the development of ampicillin resistance.

Contraindications, adverse drug reactions and interactions

Advice in these areas is often sought of pharmacists, by both physicians and patients.

A positive contraindication to treatment with a particular antibiotic is a history of hypersensitivity, the most well recognised being penicillin allergy. Patients should be encouraged to report any signs of such allergy, which can vary from a simple rash to anaphylaxis.

When patients do report an allergy they should be questioned carefully, lest a potentially useful antibiotic is avoided on spurious grounds. Patients often confuse mild gastro-intestinal disturbances with an allergy. Diarrhoea is a common adverse drug reaction of broad spectrum antibiotics, owing to an alteration to gut flora.

Some antibiotics potentially cause serious organ damage. This may be dose related, as in ototoxicity (damage to hearing) and renal toxicity caused by the aminoglycosides eg gentamicin. The antitubercular drugs rifampicin and isoniazid can give rise to reversible liver damage; in order to avoid this,

liver function is monitored during therapy.

Interaction of oral antibiotics with food, causing impaired absorption, can result in treatment failure. Pharmacists are encouraged to counsel patients and label medicines appropriately to ensure correct timing with food, as summarised in table 2. Another common cause of concern by patients is whether the antibiotic will interact with alcohol. Apart from metronidazole (and possibly griseofulvin), which can cause an disulfiram like reaction in some patients, the antibiotics used in general practice are safe if taken with alcohol.

Administration

Having finally selected an appropriate antibiotic, a suitable dose must be given. Most antibiotics used in general practice have a wide therapeutic window and fine dosage adjustment is not required. On the other hand, the toxicity associated with the aminoglycoside group of antibiotics may be avoided by due regard to renal function and regular plasma level monitoring.

All this careful consideration will be to no avail if patients do not comply with therapy. Those oral antibiotics which offer the lowest number of daily doses would have an obvious advantage. In addition a pharmacist can stress the importance of compliance to prescribed therapy and the need to finish courses of antibiotics.

Summary

1 It must first be confirmed that an infection is actually present and whether this is local and self limiting, or systemic and potentially serious.

2 Antimicrobial therapy is not always necessary, although positive indications may include compromise of vital functions, immunosuppression and prophylaxis.

3 Sensitivity testing will determine the choice of antibiotic, although in most cases therapy is initiated "blind", in case the most likely organism is deduced from the site of infection.

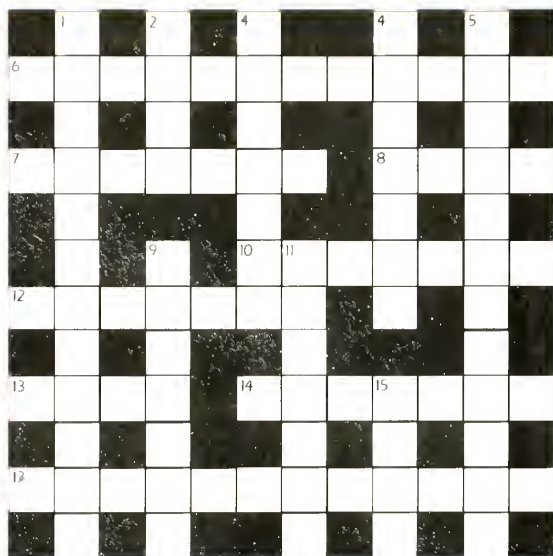
4 Resistance can develop to any antibiotic and may account for treatment failure. Another source of failure may be poor penetration of antibiotic to the site of infection.

5 Hypersensitivity to a particular antibiotic is a positive contraindication to its use. Some antibiotics require close monitoring to avoid potentially serious adverse effects.

6 Community pharmacists play a role in recognising and referring potentially serious infections promptly to a physician. In addition they should advise on the importance of compliance, the relationship of dosing to food, possible interactions of compliance, the relationship of dosing to food, possible interactions and recognition of side effects. Hospital pharmacists also have an additional role in monitoring local antibiotic policies at ward level.

WYETH GENERICS PHARMACY CROSSWORD NO. 5

The solution to No. 5 will appear alongside No. 6 in September, 1988.



Clues Across

- 6 Parent in cut-price axis for treatment (12)
- 7 Insure tat as one measure (7)
- 8 Curtail haven or rumex (4)
- 10 Fumed (4,3)
- 12 Provided flutes by turning dog over (7)
- 13 Keen process as incentive (4)
- 14 Mrs Glum begins in charge of Mr Read (7)
- 16 The Princess is pleasant, but it's not nice (12)

Clues Down

- 1 Hatch poor pig somehow — very accurate, if a memory (12)
- 2 Time's up — give out! (4)
- 3 Choose from the list or a generic product for shelf space (7)
- 4 Little Edward, full of confounded drug, went wearily (7)
- 5 Particular friend? (12)
- 9 Daily received weekly by MRPharmS (7)
- 11 In a shaky condition as the raid collapses (7)
- 15 A thousand past one in the morning leads the faithful (4)

Submitted by: G A F Rainbow, Newcastle, Staffs

Solution to Puzzle No. 4

Across: 1 Cork, 3 Mothball, 9 Lazaret, 10 Piece, 11 Complainers, 13 Resort, 15 Tannic, 17 Photographic, 20 Poilo, 21 Roundel, 22 Cure-sick, 23 Door. Down: 1 Cold cure, 2 Razor, 4 Outlaw, 5 Hypothalamus, 6 Aneurin, 7 Lees, 8 Preparations, 12 Accular, 14 Scholar, 16 Aganc, 18 Hydro, 19 Epic.

Prizes of £5 will be awarded to the senders of the first 10 correct solutions drawn on 9th September 1988.

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TABLE 2 — FOOD AND ANTIMICROBIALS

Antibiotic	Relation to food	Comment
Penicillin V	1	Reduced absorption with food
Flucloxacillin	1	Reduced absorption with food
Ampicillin	1	Reduced absorption with food
Amoxycillin	3	—
Cephradine	3	—
Co-trimoxazole	2	To lessen gastric irritation or nausea
Oxytetracycline	1	Reduced absorption with food
Tetracycline	1	Reduced absorption with food
Doxycycline	2	To lessen gastric irritation or nausea
Erythromycin base	1	Reduced absorption with food
Erythromycin stearate	1 + 2	Best taken before food but if nausea occurs take with/after food
Erythromycin ethyl succ.	3	—
Griseofulvin	2	Increased absorption with food
Metronidazole tablets	2	Tablet aftertaste To lessen gastric irritation or nausea
Metronidazole suspension	1	Reduced hydroxylation with food
Fusidic acid/Na fusidate E/C	3	—

Key 1 = At least half an hour before food. 2 = With or immediately after food. 3 = Doesn't matter

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'Friendly' spray

Your article outlining the gradual move to 'ozone friendly' aerosols within the chemist sector was interesting and informative. We should like to point out however that you overlooked Radian B spray in your listing of 'ozone friendly' products within the article.

Radian B spray is the only topical pain relieving aerosol that does not contain a CFC propellant. It uses nitrogen as a propellant, which is derived from the atmosphere, and so it is absolutely safe during use and even when it is empty and discarded. We believe the spray will be of value to retailers whose customers are looking for alternatives to products containing CFCs.

N.G. Edwards
Marketing manager, Fisons Consumer Health

On ethics

As a member of the Council's Ethics Committee, and its current chairman, there are two matters raised in your correspondence columns last week (p84) on which I should like to comment.

Mr Sukert's request for approval for his excess stock exchange scheme for dispensing products was refused for the same reason that the pharmaceutical wholesalers introduced their new, tighter returns procedure: it is impossible to know the conditions under which products have been stored on pharmacists' premises, and there is a possibility that in some cases medicines may have deteriorated, and become ineffective or hazardous. A pharmacist's prime obligation is the patient's welfare, and the

Ethics Committee considered that it could not approve a scheme through which patients could be put at risk. I would add that the National Pharmaceutical Association stopped the advertising of excess medicinal products (except discontinued lines required in special circumstances) in the 'Pink Supplement' some years ago, for the same reason.

On the second matter, I share the grave concern expressed by 'Annie Flasher', and yourself in the *About People* column (p90), regarding Mrs Astill's 'shortcomings'. I fully expect that the pharmaceutical authorities will, as usual, merely skirt the issue, and the whole thing will be the subject of a cover-up. I do, however, have some sympathy with the Astills, because this is the first time I can remember a complaint being made over higher standards.

Alan Nathan
Chairman
RPSGB Ethics Committee

Unichem expulsions

Earlier this year, AAH provided legal support to the Unichem member who claimed that he had been invalidly expelled from the society. As a consequence, Unichem was obliged to reinstate all members who had been expelled since its 1987 annual meeting, and to conduct a review of their cases. Unichem stated that these reviews would be completed on July 5 and that the relevant members would be notified of the directors' decision immediately thereafter.

The Registrar of Friendly Societies has advised that expulsions other than on economic grounds would be against the principles of a *bona fide*

co-operative and there is strong evidence to suggest that the imposition by Unichem of a £3,000 minimum monthly purchases rule has no valid economic justification.

AAH has been asked by a number of Unichem members affected by the review to support them in a co-ordinated challenge against the expulsion action by the directors, and has agreed to underwrite the cost so that no strain falls on the individual pharmacist. Any other expelled member who wishes to join in this action should write to the undersigned at 76 South Park, Lincoln, enclosing a copy of the expulsion notice received from Unichem and stating a convenient time for contact to be made.

AAH is supporting this action because it considers that if Unichem wishes to rely on its Industrial and Provident Society status, without which its share scheme would not have been possible, it is obliged to act as a *bona fide* co-operative and operate within the restrictions that this imposes.

A.W. Revell
Director, AAH

Labelled!

It has been brought to my attention that pharmacists are being offered stocks of computer labels, purportedly manufactured to 'John Richardson' specifications. May I advise our users that we have not licensed any company to use our name, nor can we validate any claims. We must also advise users that prices direct from John Richardson Computers Ltd are similar to those being promoted and labels are available in smaller quantities.

John Richardson
Managing director, John Richardson Computers Ltd

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BUSINESS NEWS

Duracell close factory

Duracell are to close their battery factory in Crawley with the loss of up to 350 jobs because of slow market growth.

Announcing the decision last week John Siddall, manufacturing director for Duracell Europe, said the slow growth in the consumer speciality sector did not justify continuation of a dedicated battery production unit, and that production would be transferred to other Duracell plants. However, production of batteries for specialist military and industrial use will be retained at a new site in Crawley.

The move is part of the restructuring of the company's European operation intended to create a more streamlined, effective organisation.

Batteries made at the Crawley factory include button cells for watches and calculators. Redundancies are to be made at the end of next month. Once the plant has closed 90 people from Duracell's headquarters at Mallory House will be left at the 4.75 acre site. Mr Siddall said the European office will be moved to a more compact site in Crawley and the Gatwick Road facility will be sold.

Lloyds again on acquisition trail

Lloyds Chemists have bought another 24 pharmacies to add their chain in a purchase worth £3.7m.

The acquisition, to be approved by shareholders at an EGM at the end of this month because of its size, involves a cash payment of £3,036,544 and 532,626 new ordinary shares. And it will include four related companies within the Bannister & Thatcher group whose stores are throughout the West Midlands, South Staffordshire and Worcestershire.

It will make Lloyds chemists chain 244 strong, giving them a total of 355 outlets when combined with their drugstores and taking them nearer to their 1,000-outlet five year target.

All 24 stores will be refurbished with the Lloyds corporate image, trading style and marketing techniques by Christmas at a cost of some £600,000.

The four inter-conditional contracts involve Bannister & Thatcher Ltd, F.E. Bannister & Son Ltd, H.H. Thatcher Ltd and Sales Distributors (Walsall) Ltd.

Latest accounts show pre-tax profits for the group of £135,000 on sales of £7.36m.

The warehouse which provides the majority of the group's supplies will be closed and its 14 staff made redundant. Its business will be transferred to Lloyds' existing Atherstone facilities which they say can service 400 outlets.

Central management will also be transferred to Atherstone. Two of the directors are resigning. Of the other two, pharmacy superintendent Martin Harris will become a Lloyds area manager; and it is thought company secretary Keith Williams will join Lloyds accounting team.

Macarthy buy

Macarthy have bought the retail pharmacy J. Rutherford (Kircaldy) Ltd in Fife for £180,000, £120,000 of which will be paid in shares.

The pharmacy, the first retail purchase for a while, will take on the Drummond fascia. The purchase follows chairman Nicholas Ward's announcement that Macarthy are giving up plans of being a national pharmaceutical wholesaler, and are on the look out for "opportunities in retail".

Unichem share ballot

Unichem are holding a ballot asking members once again to endorse their scheme.

The move was announced at the reconvened AGM on July 7, because the 61 members present were not considered a sufficient representation of the majority.

Unlike the previous AGM which was marked by stormy exchanges (C&D, May 21), last Thursday's was over in ten minutes. When the issue of the share scheme was raised there were no comments from the floor.

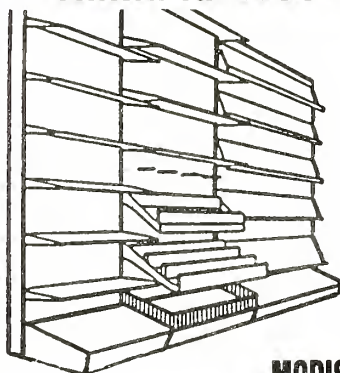
The meeting was reconvened after expelled members complained they had been improperly dismissed and so the former AGM had been invalidly called (C&D, June 18). Out of some 700 members expelled since 1987's AGM, there were, this June, 51 subsequent appeals. Four members have since been reinstated. It is though the results of the ballot will be announced before August.

■ C&D understands that certain Unichem members are questioning Unichem directors' intentions in last November's rule change regarding the discretionary issue of shares, and whether the members voting at that meeting were properly accredited. Unichem say the share issue is being properly administered and that there was a proper vote.



Hoechst celebrate 25 years of animal health production with the opening of a new £1.25m vaccine plant at Milton Keynes. The ceremony was conducted by Donald Thompson MP (centre) supervised by production manager Alan Barry (right) and in the company of Ian Macpherson, executive director (left) and director Dr Peter Read, to the rear.

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AAH buy in Worcester for franchise growth

AAH have bought Worcester's Actons Chemists for about £350,000. It will be converted to a franchised pharmacy as part of their Vantage programme.

Payment will be made in new ordinary AAH shares, with a value

of no more than £350,000, dependent on the net assets of Actons which will be disclosed next September. Under AAH ownership they estimate the business will earn pre-tax profits of about £55,000.

Beecham out of US cosmetics

Beecham have withdrawn from the US cosmetics industry following the sale of Beecham Cosmetics Inc for \$91.5m (£53.8m) to a management team and a major US bank.

Beecham say their business in the UK is not affected by this move which confirms their intentions to concentrate activities in the US on pharmaceuticals,

OTC medicines and toiletries.

Beecham Cosmetics returned a profit of \$7m (£4.1m) on a turnover of \$115m (£67.6m) last year. Jovan brands in the UK, Germany, Middle East and elsewhere will continue to be marketed by Beecham (UK). Beecham Cosmetics will manufacture some skincare products sold in the USA.

Underwoods board ready

Underwoods top man Alan Gaynor has completed recruitment of his management team in preparations for reorganisation within the chain to rectify the poor results of last year (see *C&D*, May 28, p1069).

The most recent appointments are Mike France as property director and Adrian Hollister as marketing director. Mr France joins from Booker Wholesale Foods where he was planning and development director. Mr Hollister from Radio Rentals where he was divisional marketing manager.

Completing the management line-up are the only two directors remaining from the previous board: Julian Greenaway as buying director and Joe Shapiro as pharmacy director.

Creighton double up

Creighton Laboratories doubled their pre-tax profits in the year ended March 31 to £1.3m, and turnover was up to £6.86m (£4.2m). Chairman Mr R. Collard attributes this success to the higher profile the company has

gained, through its second year on the Unlisted Securities Market. Exports to USA, Japan and the Pacific Basin had been buoyant, and the company is about to enter the Italian market.

Creighton have reorganised, and acquired further leasehold premises at Storrington, intending to develop further their growing soap and powder production.

3i ad-venture

The 3i venture capital group reports it has increased investment to £34m in pharmaceuticals and healthcare, biotechnology and new technology for the year ending March 31, 1988.

Overall the group increased investments by nearly £200m to £537m investing in 1,065 companies. It says it is investing £1.5m a day in industry and commerce, compared to £0.7m five years ago — 14 biotechnology and pharmaceutical companies received £3.5m investment.

The group stresses it is maintaining its interest in business start ups, for example its "seed money" schemes. It says it looks to back small research projects with commercial potential — applicants working on their own are welcomed — with sums of around £25,000. In return 3i takes a financial interest.

Last year it invested in 276 start ups, 29 management buy-ins and 109 management buy-outs.

IN THE CITY

A cautious spirit reigns in the stock market as worries about overheating in the UK economy have gathered pace, placing upward pressure on base rates while Wall Street continues to look vulnerable despite a rally in the dollar's strength. Against this background, the health and household sector has matched almost exactly the market's neutral performance, but if you strip out Wellcome, virtually all the major shares underperformed. The dollar's strengthening against the pound has given way to cautious optimism in the sector, despite the pound's continuing buoyancy against European currencies. However, until uncertainties over inflation and interest rates cool down, shares in drug companies will continue to be vulnerable.

Wellcome outperformed the market by 15 per cent over the past month following the company's presentation of trials of Retrovir at the Stockholm AIDS conference last month. It seemed to confirm that Retrovir is effective in the early stages of the disease and there was little evidence that any other treatment under development is superior. In contrast, Fisons' shares underperformed by 3 per cent after the conference, as some felt that the previous optimism over prospects for pentamidine, its preventive treatment of the AIDS-related pneumonia PCP, was not satisfied. Analysts are now split over whether Fisons or Lyphomed will reach the winning post first in their race to gain approval for the drug under the Orphan Drug Bill, which will give the victor seven years exclusivity.

A clutch of trading results from Beecham, Amersham, Glaxo and London International did little to revive interest in their shares. On a six month view however, LIG have the highest growth rate in the sector. Now they have sold Royal Worcester Spode for £38m, the market is waiting for them to dispose of their Italian syringe business. This would further reduce high borrowings and enable LIG to back organic growth with a repeat of last year's high capital expenditure. A rising tax charge will blunt earnings over the next two years but overall, LIG's management and strategy is viewed bullishly.

COMING EVENTS

CPP exams

The College of Pharmacy Practice part II examination will be held on October 19, at 10am in London with oral examinations in the afternoon. One of the centres for the Part I examinations on October 18 at 2pm, will also be in London.

The examination fee is £40 with a late fee of £15. The closing date is August 31 and registration forms will be available from Rosemary Mitchell, administrator, 111 Lambeth Road, London SE1 7JL.

Homoeopathy weekend

The British Homoeopathy Association is holding a course in homoeopathic pharmacy over the

weekend of October 29-30, following the success of an earlier course in February.

The course is to be held at the Hale Clinic, 7 Park Crescent, London W1N 3HE and is restricted to pharmacists only. The fee (which includes lunch and morning coffee on both days) is £40.

The course covers the basic philosophy behind homoeopathy, followed by lessons in specific pathological areas. Applications to the general secretary, British Homoeopathic Association, 27a Devonshire Street, London W1.

College of Pharmacy Practice Study day on the care of the terminally ill on September 25, at the Sue Ryder Home, St John's, Mogerhanger, Bedfordshire. Topics to be discussed will include pain control, palliation, the role of the primary health care team and the understanding of bereavement. The fee is £10 for members and £15 for non-members and the last date for applications is September 1. Further details from Rosemary Mitchell, Tel 01-735 0418.

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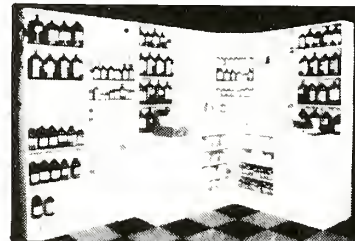
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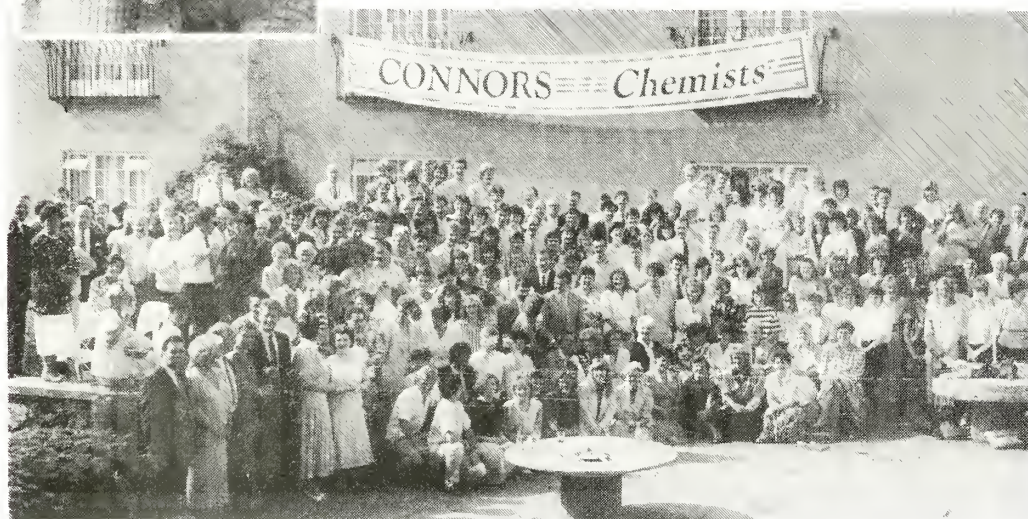
ABOUT PEOPLE



Connors Chemists celebrate in style

Connors Chemists of Northern Ireland recently treated almost 300 employees to a lunch and

elected the first "Miss Connors", to celebrate the company's 15th birthday.



Almost 300 Connors Chemists employees enjoyed a company birthday party at the Dunadry Inn last week. They elected Catherine McIntyre of Londonderry as their first Miss Connors (inset) who is seen being congratulated by Howard W. McClay

It was the first time the company had gathered all its staff together on such an occasion and by all accounts the event was a great success. After lunch at the Dunadry Inn came the election of "Miss Connors" (see inset) followed by an afternoon's dancing.

With 13 pharmacies the company claims to be the Province's largest multiple chemist group and has plans to add further pharmacies later this year.

The company runs its own computerised warehouse which supplies its shops with a wide range of goods.

Connors also run their own photographic processing laboratory, again providing developing and printing services exclusively for their own pharmacies. Personnel/training officer Elizabeth Hamilton told *C&D* that their prices are among the cheapest, at £2.99 for 24 exposures plus a free film.

The Connors name dates back to 1826 when S. Connor & Son was founded in Newry. After those premises were destroyed in 1970 the company was restructured under new management and began trading as Connors Chemists in 1973.



New head for Numark

E. Hugh Butler has been appointed chairman of Numark Chemists Ltd/Independent Chemists Marketing Ltd, replacing John Forster who has retired. Mr Butler, chairman and

managing director of E.H. Butler & Son, qualified as a pharmacist in 1953. He is a former chairman of both the Proprietary Articles Trade Association and the National Association of Pharmaceutical Distributors.

OBITUARY

J. Foster Firth, on July 5, aged 80. Mr Firth qualified as a pharmacist from South London College of Pharmacy in 1932. He then worked with Bayer during the time their first sulphonamide Prontosil was launched, and later May & Baker where he also worked on sulphonamides. He then transferred to Allen & Hanburys. In 1946 he joined *Chemist & Druggist* as assistant publisher, later becoming sales executive for London and the South before retiring in 1978.

C&D's former advertisement

manager Peter Nicholls writes: Foster, as he preferred to be called, was a colleague and close friend for over 40 years. I know he would not take offence if I described him as the old breed of representative. He loved selling and his favourite expression was you can't miss a trick in this business. A great deal of the success that *C&D* enjoys today was due to his boundless energy and enthusiasm for the publication, which he serviced long after the official retirement age. Three months ago, before he and his wife Isobel, moved from Banstead, Surrey, to East Lothian, Scotland, Foster and I met at our favourite London wine bar and he talked enthusiastically of the opportunity Scotland would afford for walking, his favourite pastime. He never made it, and was taken ill on his arrival.

C&D's publisher Ron Salmon writes: Foster's height and energy singled him out as someone once met, never forgotten — someone who was remembered always with warmth and affection. Although a committed pharmacist, he was also a born salesman who carried his professionalism into the world of commerce. Indeed, there are many senior people in today's industry who would freely admit to the invaluable advice they received from Foster. Many inexperienced entrepreneurial businessmen whom Foster helped to write Classified lineage or PR copy later showed gratitude when they blossomed into double-page spread advertisers. There will be many who mourn Foster Firth's passing and who will wish to be associated with the condolences to his family.

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2 Johnson A. (1984) Nursing Times 80 (40), 39-43 Nov 28th. 3 Cherry, G.W. et al. (1984) The Practitioner, 228, pp. 1175-1178. 4 van Rijswijk, L. et al. (1985) Cutis 35, 173-176. 5 Pottle, B. (1987) Nursing Times, March 25th, 54-58.

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